THESIS

FOR THE AWARD OF DEGREE OF

MASTER OF HOSPITAL ADMINISTRATION

SESSION 2022-2024

"PATIENT SATISFACTION AMONG THE OPD ATTENDEES AT A TERTIARY CARE HOSPITAL IN NORTHERN INDIA"

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I, **POOJA JHA**, hereby declare that the present thesis titled **"Patient Satisfaction Among the OPD Attendees at a Tertiary Care Hospital in Northern India"** under the guidance of **Dr.Nidhi Bansal** at Santosh Deemed to be University is a bonafide/original research work. I also hereby declare that there is less than 10% similarity and the present research work has not been submitted for the award of anydegree/diploma of the same institution where the work was carried out or at any other institution.

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Respected Sir,

I request you to kindly consider and register the subject of my thesis entitled "Patient Satisfaction Among the OPD Attendees at a Tertiary Care Hospital in Northern India" for the year 2022-2024 with the view to appear in MHA. examination in 2024.

The thesis with four copies and necessary particulars are enclosed herewith.

Thanking you

Yours truly

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Having completed my under-graduation few years ago, I have had roller coaster ride of my life before I could attain my place in this institution for the degree, I like many other students, of my dreams. All my family, relatives, friends, seniors, employers and all other well-wishers, whom I have been blessed to have in large numbers, tried to convince me, either out of love or anger or frustration or reasoning, to either give up on my dream subjector compromise on it and look for alternatives. But the pleasure of this success is not only soothing over all my past failures but also immensely overwhelming for all my loved ones including me.

The road to success is never easy but once achieved all roads to the goal seems like a bed of flowers giving you fragrance of knowledge and divinity of experience.

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POOJA JHA

(Batch 2022-2024)

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INTRODUCTION

INTRODUCTION

In the ever-evolving landscape of healthcare, the significance of patient-centered care has gained paramount importance. Patient feedback stands as a critical component in this paradigm, providing valuable insights into the effectiveness, quality, and overall experience of healthcare services. As the healthcare industry undergoes transformative changes, acknowledging and comprehensively understanding the voices of patients becomes imperative for fostering continuous improvement and optimizing patient outcomes. This thesis embarks on a journey to explore the multifaceted realm of patient feedback within healthcare settings. The dynamic interplay between healthcare providers and their patients creates a complex tapestry of experiences, perceptions, and expectations. Examining this intricate relationship through the lens of patient feedback unveils a wealth of information that extends beyond mere satisfaction metrics. It opens doors to a deeper understanding of the nuances of patient experiences, perceptions of care, and the intricate dynamics that influence the patient- provider relationship. The overarching goal of this research is to dissect the various dimensions of patient feedback, encompassing both quantitative and qualitative data, to derive meaningful insights that can catalyze positive change within healthcare systems. By scrutinizing the feedback loop, this thesis aims to identify patterns, challenges, and opportunities for enhancement, ultimately contributing to the refinement and optimization of healthcare services. The exploration of emerging technologies, such as digital platforms and artificial intelligence, further adds a contemporary dimension to the study, considering their role in streamlining the feedback process and enhancing the responsiveness of healthcare systems. As we delve into the intricate fabric of patient feedback, it becomes evident that a comprehensive understanding is not only crucial for healthcare providers but also for policymakers, researchers, and the broader community. This research aspires to bridge the existing gaps in knowledge, offering a holistic perspective that transcends the conventional boundaries of patient satisfaction surveys. In doing so, it aims to contribute to the ongoing dialogue on patient-centered care, fostering a healthcare ecosystem that is not only responsive but also adaptive to the diverse needs and expectations of its most important stakeholders – the patients. Patient satisfaction is an important means of measuring the effectiveness of health care delivery and quality of medical care. It denotes the extent to which general health care needs of the patient are met to their requirements. The most important reason to conduct patient satisfaction surveys is that they provide the

ability to identify and resolve potential problems before they become serious. This study was designed to assess the patient satisfaction regarding the services provided in outpatient department.

Patient satisfaction may be defined as “the extent to which a patient is content with the healthcare provided”.[1] Patients have certain expectations regarding provision of healthcare delivery when they approach a healthcare center. Patient satisfaction is a special form of attitude which reflects the extent to which a patient liked or disliked the services after having experienced them. Healthcare services have become more patient-centric in today’s era and measuring patient satisfaction level has become an objective criterion for defining the effectiveness of these services. Quality of health services has been traditionally based on professional practice standards. The concepts of patient satisfaction gained increasing importance since 1970s. Subsequently, the patients were viewed as active consumers of health services rather than passive recipients, and the patient feedback became an essential area that guided improvements in healthcare services.[2] Patient satisfaction is simultaneously multidimensional and subjective. It is influenced by a number of factors such as the quality of clinical services delivered, maintenance of cleanliness, hospital infrastructure, supply and availability of medicines, behavior of doctors and other healthcare professionals, emotionally and physically comfortable environment, and cost of services provided.[3] The level of patient satisfaction is a determinant of compliance to treatment, improved clinical outcomes, and improved service utilization. Currently, enhanced awareness of patients' rights has greatly influenced their expectations for patient satisfaction. Assessment of patient perspectives makes public health services more responsive to the requirements and expectations of patients. Patient satisfaction surveys help in identifying potential problems, and help in establishing accountability.

Patient satisfaction is considered to be a performance measure for the quality of health care services. The three domains of patient satisfaction are delivery of essential medical care, treatments sought by patients and their families, and the provider activities and behaviors.[4] It is a multidimensional construct that relies on technical, infrastructural, functional, environmental, and interpersonal components of health services. Because health services are jointly produced by providers and patients, assessment of patient satisfaction becomes crucial in addition to the assessment of health-care providers’ practices.[5] Research in patients’ satisfaction facilitates the incorporation of patients’ views in the organization of health-care services. An assessment of patient satisfaction gives the opportunity to identify

the gaps in the existing services and to rectify these to ensure quality care to the patients. These findings help in prioritizing resource allocation, transformation of health-care staff, and better management of health services.[6] Additionally, a satisfied patient intends to choose the health service and becomes more compliant to treatment and follow-up advice. This in turn leads to better health outcomes and recommendation of services to others. Factors that influence patients' satisfaction can be categorized as provider- and patient-related factors. Providers' competence, interpersonal skills, and facility characteristics (such as infrastructure, type, and level of the facility) were reported to be strongly associated with patients' satisfaction, and patient-related characteristics (such as gender, age, race, socioeconomic status, health status, and expectation) were reported to be weakly associated with patients' satisfaction. In recent years, studies on patients' satisfaction have increased in low middle-income countries. In India, patients' satisfaction has been studied either for specific services (e.g., medical or surgical) or type of care (e.g., outpatient or inpatient) or level of services (primary, secondary, or tertiary).[7] Comparatively, fewer studies have done a comprehensive assessment of both outpatient and inpatient care at a tertiary care public health facility. Tertiary care institutes in the public sector are the referral centers for specialized services, and assessment of patients' satisfaction becomes crucial for improving the quality of health care at this level.

Satisfaction is an important element in the evaluation of services rendered by a hospital. It refers to the patient's state of being adequately rewarded. Patient satisfaction is a measure of success of the services being provided by the hospitals. Other industries have been paying attention to customer satisfaction for years. Healthcare, especially in the public health sector, is the only industry that, for years, has left the customer out of it.[8] It is easier to evaluate the patient's satisfaction toward the service, rather than evaluate the quality of medical services that they receive. Therefore, a research on patient satisfaction can be an important tool to improve the quality of services.

Patients' or clients' satisfaction with health care is an integral component of quality monitoring in health care systems: Providers must get first-hand information from their clients, which should help them to reorient their services by adopting a more client centred approach, transforming their attitude and introducing a convivial ambience at health service outlets based on feedback of their clients. Donabedian defined patient satisfaction as patient-reported outcome measure while the structures and processes of care can be measured by patient-reported experiences.[9] Moreover, quality assurance and accreditation process in

most countries requires that satisfaction of clients be measured on a regular basis. Quality of health services has been traditionally based on professional practice standards. However, in recent times, patient's perception about health care has been increasingly accepted as an important measure of quality of health care and a critical component of performance improvement and clinical effectiveness. Donabedian emphasised that client satisfaction is of fundamental importance as a measure of quality of care because it gives information on provider's success at meeting those client values and expectations, on which client is the ultimate authority. Patients' evaluation of care is a realistic tool to provide opportunity for improvement of care, enhancing strategic decision making, reducing cost, meeting patients' expectations, framing strategies for effective management, monitoring performance of health plans, and provide benchmarking across health care institutions. In addition, patient satisfaction reflects patients' involvement in decision making and their role as partners in improving the quality of health care services. There is a significant correlation between measuring patient satisfaction and patients' compliance to treatment and continuity with health care providers.[10] Majority of existing patient satisfaction studies have assessed overall satisfaction levels and paid little attention to satisfaction with specific domains of health care delivery. Domains of satisfaction have been viewed as multidimensional, which includes hospital structure, medical processes, and outcome of health care services. In recent years, the World Bank and other donors have been advising developing countries to ensure that limited resources not only have an optimal impact on population's health at affordable cost but also that health services are client-oriented. Most research done on patient satisfaction with health services in India has been confined to family planning services.

The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients.[11] It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive. Therefore, a research on patient satisfaction can be an important tool to improve the quality of services. Other industries have been paying attention to customer satisfaction for years. "Health care is the only industry - service or manufacturing - that for years has left the customer out of it. This is an absolutely prehistoric thinking. To ignore the input from the patient, to ignore the customer, to say the customer's desires are irrelevant is not living with reality". Health care consumers today, are more sophisticated than in the past and now demand increasingly more accurate and valid evidence of health plan quality. Patient-centered outcomes have taken center stage as the primary means of measuring the

effectiveness of health care delivery. It is commonly acknowledged that patients' reports of their satisfaction with the quality of care and services, are as important as many clinical health measures. Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key to gaining and maintaining market share. Patient satisfaction with the healthcare services largely determines their compliance with the treatment and thus contributes to the positive influence on health.

AIM

&

OBJECTIVES

AIM AND OBJECTIVES

AIM: To analyse the patient satisfaction among OPD Attendees of a tertiary care hospital in northern India.

OBJECTIVES:

1. To study the level of satisfaction among OPD Patients.

2. To find out the level of satisfaction among the patients regarding the behaviour of the hospital staff.

3. To analyse the perception of patients about cleanliness in the OPD of the hospital.

4. To find out the perception of patients about diagnostic services in the OPD of the hospital.

REVIEW OF LITERATURE

REVIEW OF LITERATURE

Definition

- OPD is defined as a part of the hospital with allotted physical facilities and medical and other staffs, with regularly scheduled hours, to provide care for patients who are not registered as inpatients.

- A hospital department where patients receive diagnosis and/ or treatment but do not stay overnight.

Objectives of OPDs

1. Initial Patient Assessment and Diagnosis:

- Screening and Evaluation: Conducting preliminary examinations to diagnose and assess the patient's condition.

- Referral to Specialists: Directing patients to appropriate specialists for further evaluation and treatment if necessary.

2. Treatment and Management:

- Non-Emergency Treatments: Providing treatments for conditions that do not require hospitalization, such as minor surgeries, wound care, and routine medical procedures.

- Chronic Disease Management: Offering ongoing care and management for chronic conditions like diabetes, hypertension, and asthma.

3. Preventive Care:

- Health Screenings: Conducting regular health checks and screenings for early detection of diseases.

- Vaccinations: Administering immunizations to prevent infectious diseases.

- Health Education: Providing patients with information on healthy lifestyles, disease prevention, and self-care.

4. Follow-Up Care:

- Post-Hospitalization Follow-Up: Monitoring patients after discharge from the hospital to ensure proper recovery.

- Continued Monitoring: Keeping track of ongoing health issues to adjust treatments as needed.

5. Coordination of Care:

- Interdisciplinary Collaboration: Working closely with various healthcare professionals to provide comprehensive care.

- Patient Navigation: Assisting patients in navigating the healthcare system, including scheduling appointments and arranging for necessary services.

6. Cost-Effective Care:

- Reducing Hospital Admissions: Providing care that can prevent the need for hospital admission, thus reducing healthcare costs.

- Efficient Use of Resources: Utilizing medical resources effectively to provide high-quality care without unnecessary expenditures.

7. Patient-Centered Care:

- Personalized Treatment Plans: Developing individualized care plans tailored to each patient's specific needs.

- Patient Engagement: Encouraging active participation of patients in their own care through education and shared decision-making.

8. Community Health:

- Outreach Programs: Engaging with the community through health fairs, screenings, and educational programs to promote public health.

- Public Health Data Collection: Gathering data on health trends and outcomes to inform public health strategies and policies.

Ambulatory care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures. A polyclinic is a clinic that provides both general and specialist examinations and treatments to outpatients and is usually independent of a hospital. A health center is one of a clinics staffed by a group of general practitioners and nurses providing healthcare services to people in a certain area. Typical services covered are family practice and dental care. A walk-in clinic accept patients on a walk-in basis and with no appointment required. A day hospital is an outpatient hospital facility where patients attend for assessment, treatment or rehabilitation during the day and then return home or spend the night at a different facility. A dispensary is an office in a school, hospital, industrial plant, or other organization that dispenses medications, medical supplies, and in some cases even medical and dental treatment. In a traditional dispensary setup, a pharmacist dispenses medication as per prescription or order form.

OPD Planning

- OPD has functional and administrative links with the hospital of which it is a part.
- It may also be linked with Health Centers, Satellite Clinics and Dispensaries dependent on it.
- Expected demand should be determined basing on catchment area and population to be served.
- Should include curative, preventive and promotive health services.

Requirements for OPD

- 60% of area should be for waiting and corridors.
- Seats for 1/3 of daily attendance @ 8 sq ft/pt.

- Consultation room – 150 sq ft
- Attached examination room – 80 sq ft

Projection of Out-Patient Load

- For every hospital bed, 1.5 to 3 patients attend OPD
- 1-10 visits per capita per year of the dependent population basis

An organogram (organizational chart) of an Outpatient Department (OPD) illustrates the hierarchy and relationships between various roles and departments within the OPD. This structure ensures efficient management, coordination, and delivery of healthcare services. Here is a typical organogram of an OPD:

Director of Outpatient Services:

- Responsibilities: Overall management of the OPD, policy development, strategic planning, and coordination with other hospital departments.

- Reports to: Hospital Administration/CEO.

OPD Manager/Administrator:

- Responsibilities: Daily operations, staff management, scheduling, and patient flow coordination.

- Reports to: Director of Outpatient Services.

Clinical Coordinator:

- Responsibilities: Coordination of clinical activities, quality control, and compliance with medical standards.

- Reports to: OPD Manager/Administrator.

Medical Staff:

- Physicians/Consultants:

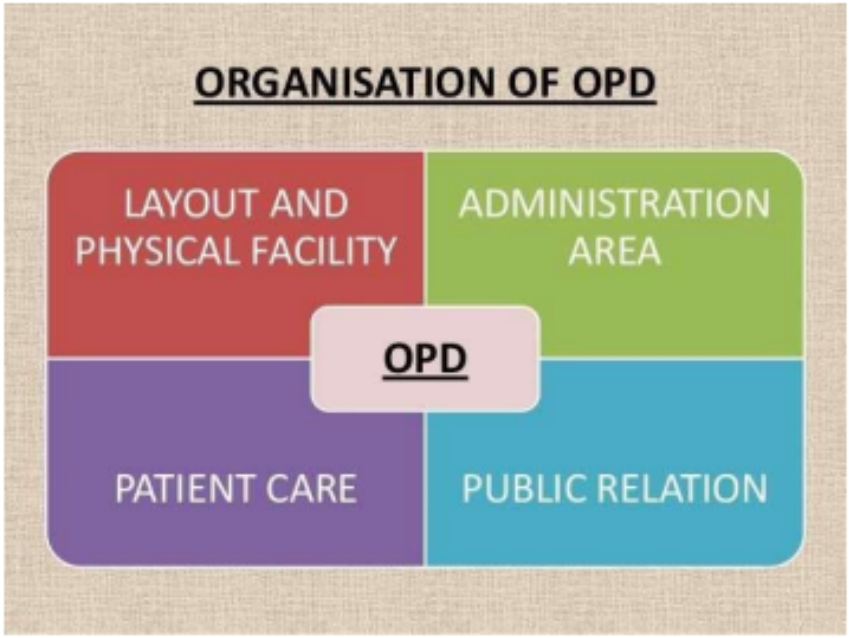
- Responsibilities: Diagnosis, treatment, and follow-up care for patients.

- Reports to: Clinical Coordinator.

- Specialists:

- Responsibilities: Providing specialized care and consultations in specific medical fields (e.g., cardiology, dermatology).

- Reports to: Clinical Coordinator.



Nursing Staff:

- Head Nurse/Nurse Manager:

- Responsibilities: Supervision of nursing staff, ensuring quality patient care, and managing nursing schedules.

- Reports to: Clinical Coordinator.

- Registered Nurses (RNs) and Licensed Practical Nurses (LPNs):

- Responsibilities: Direct patient care, administering medications, and assisting physicians.

- Reports to: Head Nurse/Nurse Manager.

Administrative and Support Staff:

- Receptionists/Front Desk Staff:

  - Responsibilities: Patient registration, appointment scheduling, and handling inquiries.

  - Reports to: OPD Manager/Administrator.

- Medical Records Staff:

  - Responsibilities: Maintaining patient records, data entry, and ensuring confidentiality.

  - Reports to: OPD Manager/Administrator.

- Billing and Coding Staff:

  - Responsibilities: Processing patient billing, insurance claims, and coding diagnoses and procedures.

  - Reports to: OPD Manager/Administrator.

Ancillary Services:

- Laboratory Technicians:

- Responsibilities: Conducting diagnostic tests and reporting results.

- Reports to: Clinical Coordinator.

- Radiology Technicians:

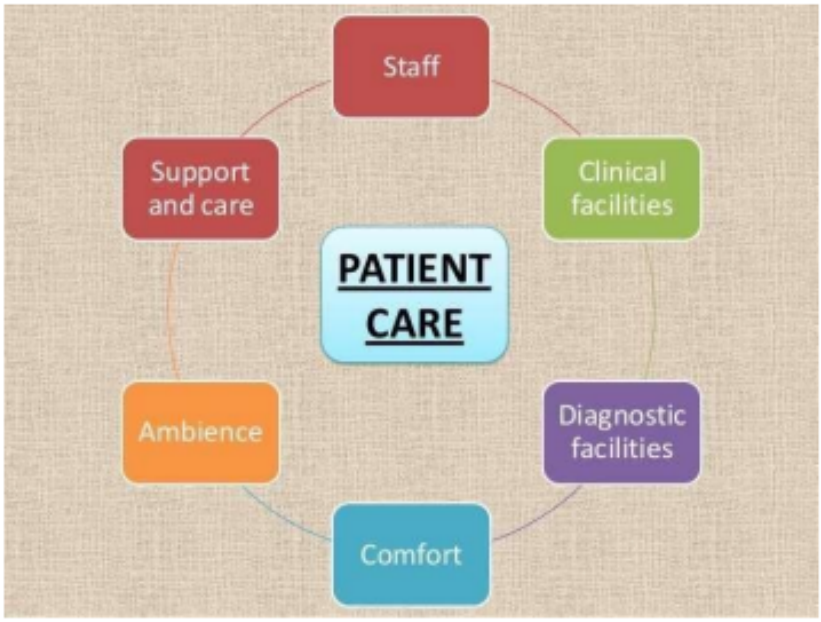
- Responsibilities: Performing imaging studies (e.g., X-rays, MRIs).

- Reports to: Clinical Coordinator.

Pharmacists/Pharmacy Technicians:

- Responsibilities: Dispensing medications, patient counseling, and managing inventory.

- Reports to: Clinical Coordinator.



Patient Care Coordinators:

- Responsibilities: Assisting patients with navigation through the OPD, coordinating care plans, and follow-up arrangements.

- Reports to: Clinical Coordinator.

Quality Assurance and Improvement Team:

- Responsibilities: Monitoring and evaluating the quality of care, implementing improvement strategies, and ensuring compliance with healthcare regulations.

- Reports to: OPD Manager/Administrator.

This structure ensures that all aspects of the OPD are well-coordinated, from clinical care to administrative functions, facilitating an efficient and patient-centered environment.

Problems at OPD:

Outpatient Departments (OPDs) face several challenges that can impact their efficiency and the quality of care they provide. Here are some common problems encountered in OPDs:

1. Overcrowding and Long Wait Times:

- High Patient Volume: A large number of patients can lead to overcrowding, making it difficult to manage patient flow effectively.

- Insufficient Staffing: Limited medical and support staff can cause delays in patient care and increase wait times.

2. Resource Limitations:

- Lack of Equipment: Inadequate medical equipment and supplies can hinder the ability to provide comprehensive care.

- Funding Constraints: Insufficient funding can affect the maintenance of facilities, procurement of necessary tools, and hiring of staff.

3. Administrative Inefficiencies:

- Poor Scheduling: Ineffective appointment scheduling can lead to bottlenecks and underutilization of available time slots.

- Complex Paperwork: Extensive paperwork and bureaucratic procedures can slow down administrative processes and burden staff.

4. Communication Barriers:

- Patient-Staff Communication: Language barriers, health literacy issues, and inadequate communication skills can lead to misunderstandings and reduced patient satisfaction.

- Interdepartmental Coordination: Poor communication between different departments can result in fragmented care and delays in treatment.

5. Staff Burnout and Turnover:

- High Workload: Overworked staff can experience burnout, leading to reduced efficiency and quality of care.

- Retention Issues: High turnover rates can disrupt continuity of care and increase training costs for new employees.

6. Inadequate Infrastructure:

- Facility Constraints: Limited space and outdated facilities can affect the comfort and safety of both patients and staff.

- Technology Gaps: Lack of modern healthcare technologies and electronic health records (EHRs) can impede efficient data management and patient care.

7. Patient Compliance and Follow-Up:

- Non-Adherence to Treatment Plans: Patients may fail to follow prescribed treatments or attend follow-up appointments, complicating their health outcomes.

- Lack of Education: Patients may not receive adequate education about their conditions and treatments, affecting their ability to manage their health.

8. Quality of Care:

- Inconsistent Care Standards: Variability in care quality among different providers can lead to inconsistent patient experiences and outcomes.

- Infection Control: Managing infection control in a busy outpatient setting can be challenging, particularly in environments with high patient turnover.

9. Financial Barriers for Patients:

- Cost of Care: High out-of-pocket expenses can deter patients from seeking necessary medical attention.

- Insurance Issues: Navigating insurance coverage and reimbursement processes can be complex and stressful for patients.

10. Data Management Challenges:

- Record Keeping: Maintaining accurate and up-to-date patient records is crucial, yet often problematic, especially in facilities that rely on paper records.

- Privacy Concerns: Ensuring patient data privacy and compliance with regulations such as HIPAA can be challenging.

Addressing these problems requires a multifaceted approach, including improving resource allocation, enhancing staff training, implementing efficient administrative practices, and leveraging technology to streamline operations and improve patient care.

Managerial Considerations

Outpatient departments (OPD) in hospitals are critical points of care where patients receive medical consultations, treatments, and minor surgical procedures without being admitted overnight. Efficient management of OPDs is essential to ensure smooth operations, high-quality patient care, and optimal resource utilization. Here are key managerial considerations for OPD in a hospital:

1. Operational Efficiency

- Appointment Scheduling: Implementing an efficient appointment system to minimize wait times and avoid overcrowding. Utilizing digital platforms for online booking and reminders can enhance patient convenience.

- Workflow Management: Streamlining workflows to ensure timely consultations and reduce bottlenecks. This includes optimizing the layout for patient flow, from registration to consultation to discharge.

- Resource Allocation: Ensuring the availability of necessary medical staff, equipment, and supplies to meet patient needs without unnecessary delays.

2. Patient Experience

- Customer Service: Training staff in patient relations and communication to provide compassionate and respectful care.

- Comfort and Safety: Creating a welcoming environment with comfortable seating, clean facilities, and clear signage. Ensuring safety protocols are in place, especially in infection control.

- Feedback Systems: Establishing mechanisms for patients to provide feedback and using this information to improve services continuously.

3. Staff Management

- Training and Development: Regular training for medical and administrative staff to keep them updated with the latest practices and technologies.

- Workload Management: Balancing workloads to prevent burnout and maintain high morale among staff. This includes appropriate shift scheduling and break times.

- Performance Evaluation: Implementing systems for regular performance reviews and recognition of outstanding staff contributions.

4. Financial Management

- Cost Control: Monitoring and controlling costs associated with OPD operations without compromising on the quality of care.

- Revenue Cycle Management: Efficient billing processes to ensure timely collection of payments from patients and insurance companies.

- Budgeting: Planning and allocating budgets for various OPD functions, including staffing, equipment, and maintenance.

5. Technology Integration

- Electronic Health Records (EHR): Implementing and maintaining an EHR system to streamline patient information management, improve data accuracy, and enhance coordination of care.

- Telemedicine: Expanding services to include telemedicine options, allowing patients to receive consultations remotely, which can increase accessibility and reduce physical crowding in the OPD.

- Automation: Utilizing automated systems for administrative tasks such as patient registration, appointment scheduling, and follow-up reminders.

6. Quality Assurance

- Clinical Protocols: Developing and adhering to standardized clinical protocols to ensure consistent and high-quality care.

- Monitoring and Evaluation: Regularly reviewing clinical outcomes, patient satisfaction, and operational metrics to identify areas for improvement.

- Accreditation and Compliance: Ensuring compliance with relevant healthcare regulations and standards, and seeking accreditation from recognized bodies to validate the quality of care.

7. Crisis Management

- Emergency Preparedness: Developing plans to handle emergencies, such as sudden surges in patient volume, natural disasters, or public health crises.

- Communication Systems: Establishing robust communication channels to ensure timely and effective coordination among staff during emergencies.

8. Community Engagement

- Health Education: Providing educational resources and programs to promote health and wellness in the community.

- Partnerships: Collaborating with other healthcare providers, community organizations, and government agencies to enhance service delivery and address broader health needs.

Efficient management of an OPD requires a holistic approach that balances operational efficiency, patient experience, staff welfare, financial sustainability, technological integration, quality assurance, crisis preparedness, and community engagement. By focusing on these key areas, hospital managers can ensure that their OPD provides high-quality, accessible, and patient-centered care.

Sodani PR et al (2010) found that the main objective of the study is to measure the satisfaction of OPD (Outpatient Department) patients in public health facilities of Madhya Pradesh in India. [12] Data were collected from OPD patients through pre-structured questionnaires at public health facilities in the sampled eight districts of Madhya Pradesh. The data were analyzed using SPSS.Outpatient Departments of district hospital, civil hospital, community health centre, and primary health centre of the eight selected districts of Madhya Pradesh.A total of 561 OPD patients were included in the study to know their perceptions towards the public health facilities, choosing health facility, registration process, basic amenities, perception towards doctors and other staff, perception towards pharmacy and dressing room services. It was found that most of the respondents were youth and having low level of education. The major reason of choosing the public health facility was inexpensiveness, infrastructure, and proximity of health facility. Measuring patient satisfaction were more satisfied with the basic amenities at higher health facilities compared to lower level facilities. It was also observed that the patients were more satisfied with the behavior of doctors and staff at lower health facilities compared to higher level facilities.

Hussain A et al (2019) found that the satisfaction of the patient is believed to be one of the preferred results of healthcare, and it is directly connected with the usage of health services.[13] This study aimed to assess how doctor services, nurses' services, and waiting time predict patient satisfaction (PS) with the service delivery of healthcare in Southern Punjab, Pakistan. The study used an exploratory research method, in which 1000 participants were selected, and used a random technique, in which 850 responses were received. Multiple regression analysis and a confirmatory factor were employed to analyze the collected data. The findings showed that doctor services ($\beta = 0.232$; $p = 0.01$), nurses services ($\beta = 0.256$; $p = 0.01$), and waiting time ($\beta = 0.091$; $p = 0.03$) had positive significant impacts on PS, while registration services ($\beta = 0.028$; $p = 0.390$) had an insignificant association with PS. Hence, a significant gap existed in the registration services that were totally ignored in hospitals of Pakistan which needed proper considerations for improvements.

Geberu DM et al (2019) found that knowing the factors for patient satisfaction is an important and direct indicator of quality of health care which is essential for providers to fill their gaps.[14] Although few studies have been conducted on patient satisfaction in Ethiopia; but there is limited evidence for comparing patient satisfaction and associated factors in the public and private wing of the health services. Thus, this study aimed to investigate factors of patient satisfaction in adult outpatient departments in the private wing and regular services at public hospitals of Addis Ababa, Ethiopia.A comparative institution based cross-sectional study was conducted from March to April 2018. A total of 955 systematically selected patients were interviewed by using an interviewer-administered structured questionnaire. Binary logistic regression analysis was performed. In the multivariable logistic regression analysis *p* value < 0.05 and adjusted odd ratio (AOR) with 95% confidence interval (CI) were used to identify the associated factors.The overall patient satisfaction was 89.3% (95% CI: 87.2–91.2). At the regular and private wings of outpatient departments it was 88.3% (95% CI: 85.4–91.2) and 90.4% (95% CI: 87.6–93), respectively. At regular service OPD, patient satisfaction was affected by female sex (AOR: 7.78; 95% CI: 2.89–20.93), long waiting time (AOR: 0.22; 95% CI: 0.07–0.73), information on the prevention of recurrent illnesses (AOR: 14.16; 95% CI: 4.58–43.83), and information on drug use and side effects (AOR: 0.22; 95% CI: 0.08–0.63). In private wing, it was affected by being in the age group of 38 to 47 years (AOR: 22.1; 95% CI: 2.39–203.6), attended elementary school (AOR: 4.69; 95% CI: 1.04–21.26), availability of drugs (AOR: 0.14; 95% CI: 0.04–0.58), and the accessibility of latrines (AOR: 6.56; 95% CI: 1.16–37.11).Patient satisfaction at the private wing and regular adult OPDs' of public hospitals had no statistically significant difference. Female sex and information on the prevention of recurrent illnesses were factors positively affected patient satisfaction at regular services, whereas at private wing OPDs' age, attended elementary school, and accessibility of latrines were factors that positively affected patient satisfaction.

Jameel A et al (2019) found that patient satisfaction is a core tool for measuring the performance of the hospitals as well as the service provider and the services that they are providing to the patients.[15] The aim of this research is to evaluate how information received, medical equipment, distance from the hospital, and physical infrastructure influenced patient satisfaction at public hospitals in Southern Punjab, Pakistan. An exploratory research technique was used. We distributed 700 questionnaires through a random method, and 579 provided proper responses. A confirmatory factor analysis (CFA) and a regression analysis were used for the data analysis. The study results illustrated that medical equipment, information received,

distance from the hospital, and physical infrastructure had significantly positive impacts (p = 0.001) on patient satisfaction. To promote higher level of satisfaction, there is a need to take appropriate steps for improvement.

Chandra S et al (2019) examine that with evolving health care industry toward patient centered orientation, inputs from the patients' perspective is valuable.[16] Improved patient satisfaction is associated with increased levels of adherence to treatment processes and recommended prevention, and improved health outcomes. Hence, this study was conducted to assess the current level of patient satisfaction and explore its determinants in the Suva Subdivision health centers, Fiji, 2018. This was a mixed method cross-sectional study employing both quantitative and qualitative designs. A random sample of 410 participants attending the outpatient services completed the self-administered structured questionnaire. The questionnaire focused on socio-demographic features, waiting time, doctors' communication, and patient trust. Data from 375 questionnaires (response rate of 91%) was analyzed in SPSS where descriptive analysis and univariate and multivariate logistic regression was done at 0.05 level of significance and 95% confidence interval to find the determinants of patient satisfaction. From these 375 participants, 20 participants were purposefully selected for audio recorded interview guided by a semi-structured questionnaire and data was analyzed using thematic analysis.The majority of the patients were generally fully satisfied with their consultation (69.3%). Univariate logistic regression showed that age, gender, education level, waiting time, doctors' communication behavior, and patient trust level were significantly associated with patient satisfaction independently. After controlling for all the variables, gender, number of visits, waiting time, and patient trust were significantly associated with trust. Those who had full trust in the doctors, were more likely to be fully satisfied with their consultation (aOR of 18; p = 0.0001) and those who got seen within 1 h, were more likely to be satisfied with their consultation (aOR of 3.3 ; p = 0.0001). Though, the patients voiced that getting a satisfying consultation was worth the wait. The doctors' attitude and way of communication also made a difference to the patient's level of satisfaction. This study showed that patient satisfaction is positively associated with patient trust, doctors' interpersonal skills and communication behavior and negatively associated with waiting time. Hence, doctors upgrading their communication skills and health service managers strategizing ways to improve waiting time can contribute to better patient trust and thus lead to better patient satisfaction and positively influence health outcomes.

Verma M et al (2020) found that patient satisfaction is pertinent for measuring the performance of health-care service delivery, which is a multidimensional construct that depends on many factors.[17] The main objective of this study was to assess the satisfaction of patients visiting a tertiary care hospital in Haryana.A cross-sectional study was conducted among patients visiting the outpatient department (OPD) and inpatient department (IPD) of the hospital from January to March 2019. Exit interviews were conducted using a structured questionnaire among patients visiting the OPD or IPD. The patient satisfaction was assessed based on four domains, namely registration process and experience before meeting the doctor, interaction with the doctor, hospital infrastructure, and medicine availability. The responses were captured on a Likert scale from one to five, and the scores were used to calculate the overall satisfaction.Overall 84% of the patients were satisfied with the OPD services, whereas 77% of the patients were satisfied with the inpatient services. Male (odds ratio [OR] = 2.08; 95% confidence interval [CI]: 1.04–4.14) and literate patients (OR = 2.77; 95% CI: 1.4–4.14) had higher chances of being satisfied with the OPD services. Whereas students, retired and unemployed patients (OR = 4.67; 95% CI: 1.46–14.6), and those from a reserved social caste (OR = 3.38; 95% CI: 1.58–7.21) were more satisfied with the IPD services.This study suggests that patients were satisfied to a larger extent with both OPD and IPD services. Therefore, effective strategies should be in place to maintain high satisfaction among patients, and the institutes should strive to provide 100% satisfaction.

Poudel L et al (2020) found that patient satisfaction is an important and commonly used valid indicator for the measurement of service quality.[18] Patient responses to healthcare services are one of the best ways to obtain information about patient views regarding the quality of healthcare. The main aim of the study was to find out the patient's satisfaction level in the tertiary care center.A descriptive cross-sectional study was conducted among 94 outpatients at a tertiary care center. Data were collected after obtaining ethical clearance from the institutional review committee. Patients were selected conveniently who visited any four of the major department. We collected demographic data and the patient satisfaction towards outpatient clinic experience was studied. We used the Patient Satisfaction Questionnaire-18 to assess patient satisfaction. Data were entered and analyzed in Statistical Package for the Social Sciences version 23. The mean score and the standard deviation were calculated.Overall satisfaction was 74.78% with a mean value of 3.7394±0.40128. The highest satisfaction score was found in regards to the interpersonal manner of health personnel (4.2872±0.61561) followed by communication (3.9628±0.40982) and the lowest was seen in accessibility and

convenience (3.2394±0.81478).The mean score and percentage of patient satisfaction were high in the hospital. However, the accessibility and availability of medical personnel were only a matter of concern.

Bashar A et al (2020) found that satisfaction with health care services is a desired outcome of health care delivery.[19] Nonetheless, there is scant information on client satisfaction with services provided in public health facilities in India. A cross-sectional study of persons attending public health facilities in Punjab, North India, was carried out in 2016. All district hospitals, subdistrict hospitals, 2 community health centres (CHCs), and 6 primary health centres (PHCs) were randomly selected from each of the 22 districts. A 60-item pre-tested and validated questionnaire was used to collect data. Participants (3278 outpatient department [OPD] and 1614 inpatient department [IPD]) visiting health care facilities were interviewed. Majority of OPD participants were satisfied with registration process, care providers, and personal issues like safety and security at the health facilities. Major domains of dissatisfaction were long waiting time and concern shown for patients during lab tests and x-rays. Most IPD participants were satisfied with care received from nurses and doctors, availability of medicines, and hospital environment. Domains of dissatisfaction were cleanliness of rooms and bathrooms and quietness at night. Varying levels of satisfaction were observed for experiences during stay, information about new medicine being given, pain control, and locomotion to bathroom or using bedpan. Around 71% were likely to recommend the health facility to others. Satisfaction with public health facilities is context dependent. Lack of drugs and supplies, poor information about medicines, long waiting time, poor cleanliness, lack of privacy, and peace were the major reasons for dissatisfaction in our study.

Kaur R et al (2022) found that patient satisfaction reflects the quality and effectiveness of healthcare.[20] Healthcare services have become more patient-centric in today's era as patients are viewed as active consumers of healthcare services rather than passive recipients. Measuring patient satisfaction level has become an objective criterion for defining the effectiveness of these services. Feedback from patients makes healthcare services more responsive to the expectations of patients. We conducted a cross-sectional study among 200 OPD attendees of a secondary-care hospital to assess the level of satisfaction. A 5-point Likert scale was used to record the responses. For overall satisfaction with the OPD services, most common responses were "good" or "very-good", with mean (SD) score of 3.8 (0.77). Majority of the patients were satisfied with facilities such as drinking water and toilets, and with consultation time provided

by the doctors. The patients were not satisfied with the time taken at the registration window and behavior of other hospital employees. This highlights the importance of reorientation training on communication and interpersonal skills for all categories of healthcare staff.

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Ayele WM et al (2022) found that patient satisfaction is a key metric for determining how efficient healthcare is delivered. [22] When patients visit health care facilities, they express a clear desire for high-quality services. Inadequately meeting their anticipated needs and expectations may lead to disappointment. This study sought to investigate the level of satisfaction expressed by participants regarding services provided by outpatient departments of selected health facilities in the south Wollo zone of Ethiopia and associated predictors.A facility-based cross-sectional study with a total sample of 540 patients was conducted from May 13 to 25, 2019. A multistage sampling technique was used to select participants. Data were collected an interviewer-administered structured validated questionnaire. Data analysis was conducted with SPSS version 20 to identify predictor variables, applying bivariate and multivariate logistic regression analysis to determine variables that most significantly predicted the outcome variable of the level of patient-satisfaction at 5% level of significance and 95% confidence interval.There were 537 participants in the study consisting of males (50.6%) and females (49.4%). An estimated 35.6% of respondents were between the ages of 28 and 37 years. The proportion of respondents high educational attainment was 179 (33.3%), and 155 (28.9%) of respondents reported having receive free health service of charge.The study’s results

revealed that overall client satisfaction was low. Furthermore, the politeness of health service providers, the convenience of the environment for asking questions, and the availability of all prescription drugs were found to have a significant relationship with level of satisfaction with the health center. Health managers and service providers should come up with creative ways to improve health workers' caring behavior, protect patients' privacy, and increase patient satisfaction by making all necessary drugs available.

Goel AD et al (2022) showed that patient satisfaction reflects the quality and effectiveness of healthcare.[23] Healthcare services have become more patient-centric in today's era as patients are viewed as active consumers of healthcare services rather than passive recipients. Measuring patient satisfaction level has become an objective criterion for defining the effectiveness of these services. Feedback from patients makes healthcare services more responsive to the expectations of patients. We conducted a cross-sectional study among 200 OPD attendees of a secondary-care hospital to assess the level of satisfaction. A 5-point Likert scale was used to record the responses. For overall satisfaction with the OPD services, most common responses were "good" or "very-good", with mean (SD) score of 3.8 (0.77). Majority of the patients were satisfied with facilities such as drinking water and toilets, and with consultation time provided by the doctors. The patients were not satisfied with the time taken at the registration window and behavior of other hospital employees. This highlights the importance of reorientation training on communication and interpersonal skills for all categories of healthcare staff.

Mahajan R et al (2022) found that in the coronavirus disease (COVID-19) era, healthcare delivery toward patient-centered orientation has gone a paradigm shift.[24] High levels of adherence to treatment and recommended prevention are usually the outcome of perceived patient satisfaction.The present study aimed to assess patient satisfaction levels in the COVID-19 era and explore its determinants.A cross-sectional study from outpatient department of a tertiary care hospital in Jammu, UT of J&K, India.The present cross-sectional study was carried out in outpatient department of a tertiary care hospital in the Jammu district. A total of 220 patients were interviewed using consecutive sampling. The tool used to assess patient satisfaction was the patient satisfaction questionnaire-18 (PSQ-18).Data were analyzed using Statistical Package for Social Sciences (SPSS) version 20.0. Tests of significance used were ANOVA and *t*-test.The overall mean satisfaction score was found to be 2.91 ± 0.17 and it was highest in the communication domain (3.12 ± 1.50), whereas it was lowest in the accessibility and convenience domain (2.73 ± 1.17). Except for religion, which was found to be statistically

significant ($P < 0.05$) with overall mean satisfaction score, other sociodemographic variables (occupation, marital status, and monthly family income) were found to be statistically insignificant ($P > 0.05$).Out of the seven subscales of patient satisfaction, results revealed high scores for communication and financial aspects. Only religion as a demographic variable was found to be significantly associated with patient satisfaction scores. There is a need to improvise the healthcare services in this COVID-19 era in such a manner so that we can contribute to better patient trust leading to a positive influence on health outcomes.

Chatterjee S et al (2022) found that healthcare facilities at any point comprise different stakeholders and various mechanisms which require constant monitoring and feedback for smooth functioning and improvement in services.[25] Feedback from patients is an important aspect and qualitative feedback is often left out. Hence a study was carried out to find patient satisfaction at a tertiary care hospital.A cross-sectional study was conducted with a pre-designed bilingual questionnaire with a validated scale for measuring patientsâ€™ satisfaction among consenting individuals and caretakers of minor patients visiting OPD of a tertiary care hospital during Jun-Jul 2021.Study participants were predominantly females with a mean age of 43 Â± 14.23 years. The majority of study participants were found to be satisfied with â€œall but one parameterâ€ of the scale for the facilitiesavailable at the hospital. Only for the overall cleanliness of the toilets, majority of them were not found to be satisfied. Patients who were asked for follow-up were found to be significantly associated with beingoverall satisfied with the attending doctor ($p < 0.05$).Patient satisfaction is an important aspect of healthcare, which is often not considered among other parameters. Healthcare facilities, especially tertiary care hospitals need to assess this component of patient care regularly to improve the quality of services being delivered.

Khuwa ZK et al (2022) found that to investigate patient satisfaction regarding healthcare services at a district hospital.[26] The research question was: what is the level of patient satisfaction regarding service delivery?An observational cross-sectional descriptive study conducted in September 2019.A district hospital in Botswana serving a population of 90 000. Outpatients from the Eye clinic, Casualty and Outpatient Department, Sexual Reproductive Health clinic and Infectious Diseases Control Centre were selected for the study240 stable outpatients over 17 years selected through consecutive sampling participated voluntarily after giving informed consent.The level of satisfaction was measured using 19 questions on five-point Likert scales ranging from strongly disagree 1, disagree 2, unsure 3, agree 4 to strongly

agree 5. A binary outcome was created into satisfied and unsatisfied using the mean score as the cut-off point. Age, gender, employment, education and departments were independent variables.65% (95% CI: 58–71%) were satisfied but unsatisfied with: doctor's politeness (66.9%; 95% CI: 60–73%), explaining (67.8%; 95% CI: 61–73%), privacy (65.6%; 95% CI: 59–72%), skills (67.4%; 95% CI: 61–73%), confidence (67.4% 95% CI: 61–73%), compassion (66.5%; 95% CI: 60–72%) and waiting time (49.2%; 95% CI: 42–57%). Department visited predicted satisfaction (p=0.002); those from the Eye clinic and Sexual Reproductive Health clinic were satisfied compared to others.Satisfaction was generally high but lower regarding specified services and departments visited. There is a need for targeted interventions. Studies are needed to explore reasons for lower satisfaction in Casualty, Outpatient Department and Infectious Diseases Control Centre.

Molla M et al (2022) found that by measuring patients' satisfaction, providers can gain insight into several elements of health care services, including the effectiveness of their care and the level of empathy they exhibit.[27] The aim of this study was to assess patient satisfaction with pharmaceutical services and associated factors in public hospitals located in Northwestern Ethiopia.An institution-based quantitative cross-sectional study was used. The study was carried out in an outpatient pharmacy from January 1–June 30, 2021. Participants were selected by a systematic sampling technique. The IBM SPSS statistical package (version 23) was used to enter and analyze the collected data. The findings were presented using descriptive statistical methods. To find factors linked to satisfaction, binary logistic regression was used.The final analysis included a total of 401 samples. More than half of the participants (229, or 55.1%) were female. The overall mean score of satisfaction was 30.6 out of a maximum of 100 scores. By taking this mean score as a cut-off point, 204 (50.9%) of the study participants had satisfaction with the outpatient pharmacists' service. Participants' responses scored on the uncomfortable and inconvenient waiting areas [AOR = 0.31; 95%CI, (0.13, 0.49)] were found to be negatively associated with the level of patients' satisfaction. Also, the unavailability of medications [AOR = 0.12; 95%CI, (0.02, 0.37)] was negatively associated with the respondent satisfaction. Uncomfortable and inconvenient private counseling areas [AOR = 1.37; 95%CI, (0.79, 4.42)] showed a negative association with their satisfaction.Patients' satisfaction levels with pharmacy service were found to be greater than 50%. The socio-demographic characteristics of patients have no association with their level of satisfaction, but their perception of uncomfortable private counseling areas and waiting areas was negatively associated with their satisfaction.

Brancusi K et al (2023) found that the study aimed to assess the patients' perception of the quality of the medical staff's care, the hotel's services, and the hospital's overall impression as well as to determine the best rating scale through a comparative analysis of patient satisfaction questionnaires.[28] A retrospective study was performed based on satisfaction questionnaires addressed to the patients hospitalized in the Orthopedics and Traumatology departments of the County Clinical Emergency Hospital Oradea between 2015 and 2019. Three different types of questionnaires were used during the study period, with the number of questions varying between 30 (variant A) and 37 (variant C). The evaluation was done using the Likert scales with three, four, or five answer variables. The items that we found to be present in all three categories of surveys and for which at least two different questionnaire variants used the Likert scales with various answer variables were chosen. In terms of the treatment given by the medical staff, hotel services, and the overall perception of the hospital, the patients perceive a higher level of quality. The level of patient overall satisfaction or general impression about the hospital is strongly dependent on the quality of medical care provided by the doctors and the specific hotel conditions of the hospital. The quality assessment using the Likert rating scale with five binary variables is more accurate.

Kidanemariam G et al (2023) found that typically, the idea of patient satisfaction is employed to evaluate quality.[29] When patients enter hospitals, they have certain demands for treatment. However, patients may become dissatisfied if their requirements or expectations are not met. There is increasing agreement that evaluating hospital services should be based in part on patients' assessments of the quality of treatment they received overall. The aim of this study was to improve patient satisfaction at outpatient department.To assess improving of patient satisfaction and associated factors at outpatient department in general hospitals of central zone, Northern Ethiopia, 2019.Pre- and post-intervention study was conducted to assess the patient satisfaction at outpatient department in general hospitals of central zone, between June 2018 and April 2019 using systematic random sampling method. Two hundred seventy-five (275) participants were investigated in the preintervention and postintervention study. Data were entered to SPSS version 20. Binary logistic regression was done to test association of factors with the outcome variable with consideration of *p* value of less than 0.05.In the preintervention period, the patient satisfaction was 54.2%; after providing intervention, the patient satisfaction was increased to 77% in postinterventional study. Respondents who paid for the medical service were 41% less likely satisfied than those who had gotten free services. Participants whose age of 18-27 years were 22% more likely satisfied than whose age were 58 and

greater.The result in this study shows that the patient satisfaction is higher than other studies done in our country. Sex, age, and those who make payment were significantly associated with patient satisfaction. Despite the result, much things are left to be covered to increase satisfaction, so the concerned bodies, including the regional health bureau, woreda health office, and management committee and board, should mobilize the community and give training to the health professionals to make the environment smoother and more comfortable for patients.

Zhang H et al (2023) found that this study aimed to identify the effect of waiting time on patient satisfaction and the relationship between different types of waiting time. The questionnaire contained 2 parts.[30] The first part included questions about expected waiting time (EWT), reasonable waiting time, tolerance waiting time, and basic personal information. The second part included perceived waiting time (PWT) and satisfaction evaluation. The actual waiting time (AWT) was recorded by the worker. Linear regression was used to analyze the influence of waiting time on satisfaction. Before data collection, this study was approved by the hospital's health ethics committee. In total, 323 questionnaires were collected, of which 292 (90.4%) were valid. The EWT, tolerance waiting time, rational waiting time, and PWT had a significant effect on patient satisfaction ($P = .006$, $P = .043$, $P = .009$, $P = .000$), whereas AWT had no significant effect on satisfaction ($P = .365$). The difference between the EWT and AWT had a significant effect on satisfaction ($P = .000$), while the difference between the PWT and AWT had a significant effect on satisfaction ($P = .000$). Age, educational background, gender, appointment, and hospital visit experience had no significant effect on patient satisfaction ($P = .105$, $P = .443$, $P = .260$, $P = .352$, $P = .461$, respectively). Patient satisfaction with waiting time was not directly affected by AWT, but by subjective waiting times. Furthermore, objective waiting time affects patient satisfaction through the subjective waiting time. Therefore, hospital managers can improve service quality by focusing on adjusting a patient's subjective waiting time while reducing the objective waiting time.

Bhatt LD et al (2024) found that patient satisfaction is a vital metric for assessing healthcare quality and delivering patient-centered care.[31] It can predict service utilization patterns by determining healthcare users' contentment with their providers. Consequently, evaluating patient satisfaction and its underlying factors is crucial to maintaining the quality of healthcare services. The present study aimed to assess patient satisfaction and its determinants in a tertiary care public hospital in Nepal. In this research, a cross-sectional design was employed to

examine patient satisfaction within the Outpatient Department of Mental Hospital Lagankhel, Nepal. The study adopted a systematic random sampling approach for respondent selection, and stringent measures were implemented to uphold the validity and reliability of the collected data. To assess patient satisfaction comprehensively, the Patient Satisfaction Questionnaire-III (PSQ-III), developed by the RAND Corporation, was employed in conjunction with relevant sociodemographic variables. Utilizing mean scores and percentages, we calculated satisfaction levels across various dimensions. Additionally, a multinomial logistic regression analysis was conducted to investigate the relationships between patient satisfaction dimensions and sociodemographic characteristics.

Material & Methods

MATERIAL AND METHODS

•Study Design: Cross-sectional study among patients attending OPD of a tertiary care hospital.

•Sample Size: 500

•Place Of Study: Santosh Medical College & Hospitals, Ghaziabad.

•Time Period: 12 Months.

Inclusion Criteria:

•All OPD Patients willing to participate in the study.

•Patients of age group 18-65.

Exclusion Criteria:

•Patients refusal to be a part of the study.

•Patients older than 65 years.

•Immunocompromised patients.

•Very sick patients in ICU/IPD.

•Mentally retarded patients.

•Methodology: The questionnaire for data collection will be prepared after reviewing the existing literature on patient satisfaction studies conducted globally. We shall make a Feedback Form in which various diagnostic facilities of the hospital, staff, cleanliness and overall experience in a hospital will be given a rating from 0 to 10. Data will be collected from various departments of the hospital including OPDs of General Surgery, General Medicine, Gynecology, Ophthalmology, Dermatology and Orthopedics. Feedback will be stored in MasterCard or forms and results will be drawn from them at the end.

Statistical Analysis:

For statistical analysis data were entered into a Microsoft excel spreadsheet and then analyzed by SPSS (version 27.0; SPSS Inc., Chicago, IL, USA) and GraphPad Prism version 5. Data had been summarized as mean and standard deviation for numerical variables and count and percentages for categorical variables. Two-sample t-tests for a difference in mean involved independent samples or unpaired samples. Paired t-tests were a form of blocking and had greater power than unpaired tests.

Z-test (Standard Normal Deviate) was used to test the significant difference of proportions.

Explicit expressions that can be used to carry out various *t*-tests are given below. In each case, the formula for a test statistic that either exactly follows or closely approximates a *t*-distribution under the null hypothesis is given. Also, the appropriate degrees of freedom are given in each case. Each of these statistics can be used to carry out either a one-tailed test or a two-tailed test.

Once a *t* value is determined, a *p*-value can be found using a table of values from Student's t-distribution .If the calculated *p*-value is below the threshold chosen for statistical significance (usually the 0.10, the 0.05, or 0.01 level), then the null hypothesis is rejected in favour of the alternative hypothesis.

p-value ≤ 0.05 was considered for statistically significant.

Result & Analysis

Result & Analysis

Table distribution of Age in Group

		Frequency	Percent
Age in Group	21-30	129	25.8
	31-40	100	20.0
	41-50	84	16.8
	51-60	130	26.0
	61-70	57	11.4
	Total	500	100.0

In our study, 129 (25.8%) patients were 21-30 years of age, 100 (20.0%) patients were 31-40 years of age, 84 (16.8%) patients were 41-50 years of age, 130 (26.0%) patients were 51-60 years of age and 57 (11.4%) patients were 61-70 years of age.

The value of z is 5.9205. The value of p is < .00001. The result is significant at p < .05.

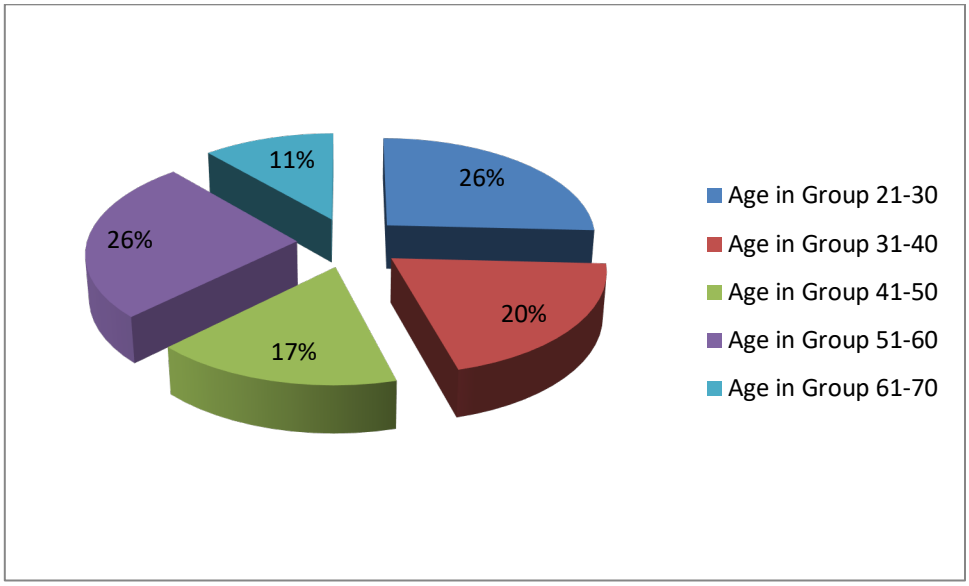


Table distribution of Gender

		Frequency	Percent
Gender	Female	327	65.4
	Male	173	34.6
	Total	500	100.0

In our study, 327 (65.4%) patients were Female and 173 (34.6%) patients were Male. The value of z is 9.7398. The value of p is < .00001. The result is significant at p < .05.

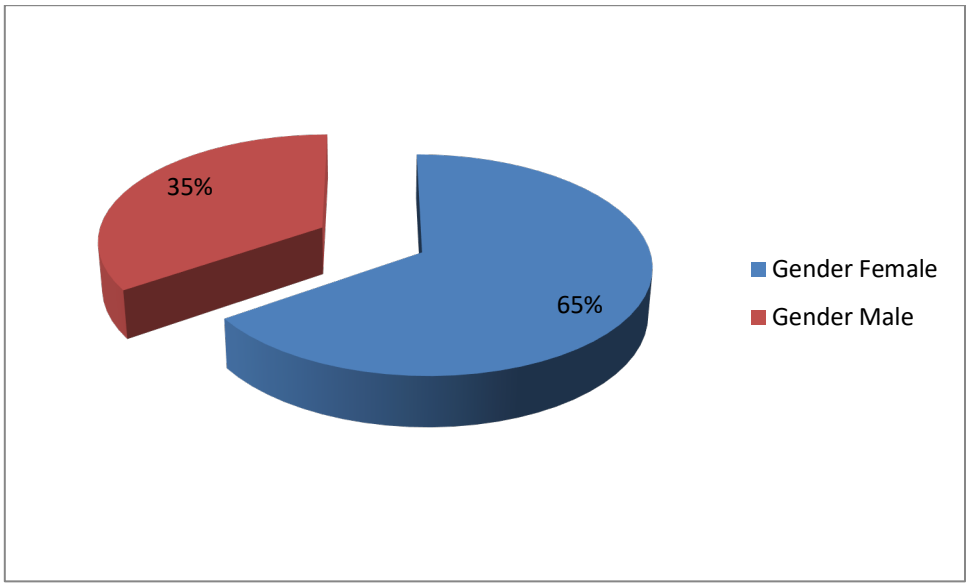


Table distribution of Education

		Frequency	Percent
Education	Graduate	71	14.2
	High school	278	55.6
	Primary	111	22.2
	Secondary	40	8.0
	Total	500	100.0

In our study, 71 (14.2%) patients were Graduate, 278 (55.6%) patients were High school, 111 (22.2%) patients were Primary and 40 (8.0%) patients were Secondary.

The value of z is 16.1611. The value of p is < .00001. The result is significant at p < .05.

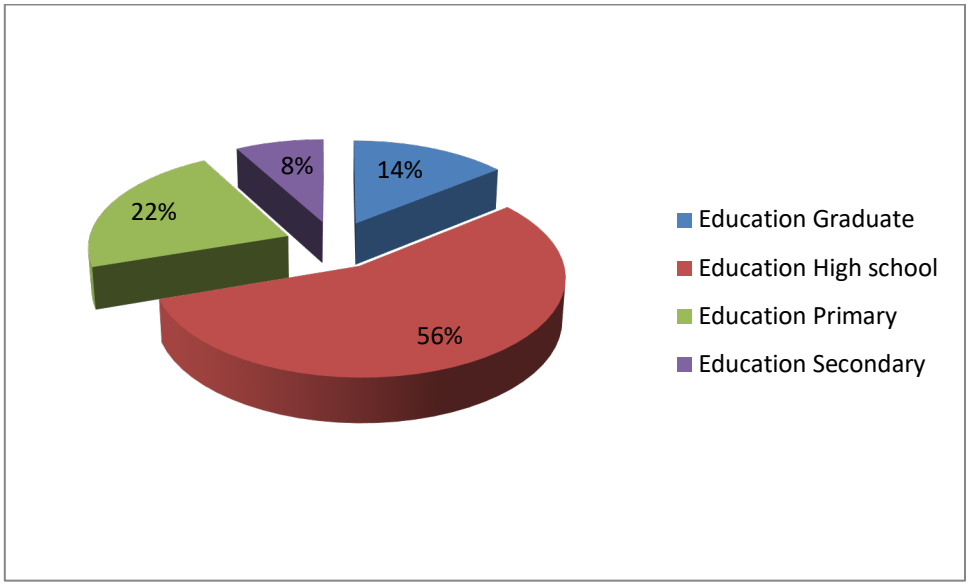


Table distribution of Occupation

		Frequency	Percent
Occupation	Housewife	197	39.4
	Skilled	150	30.0
	Unskilled	153	30.6
	Total	500	100.0

In our study, 197 (39.4%) patients were Housewife, 150 (30.0%) patients were Skilled and 153 (30.6%) patients were Unskilled.

The value of z is 3.1223. The value of p is .0018. The result is significant at $p < .05$.

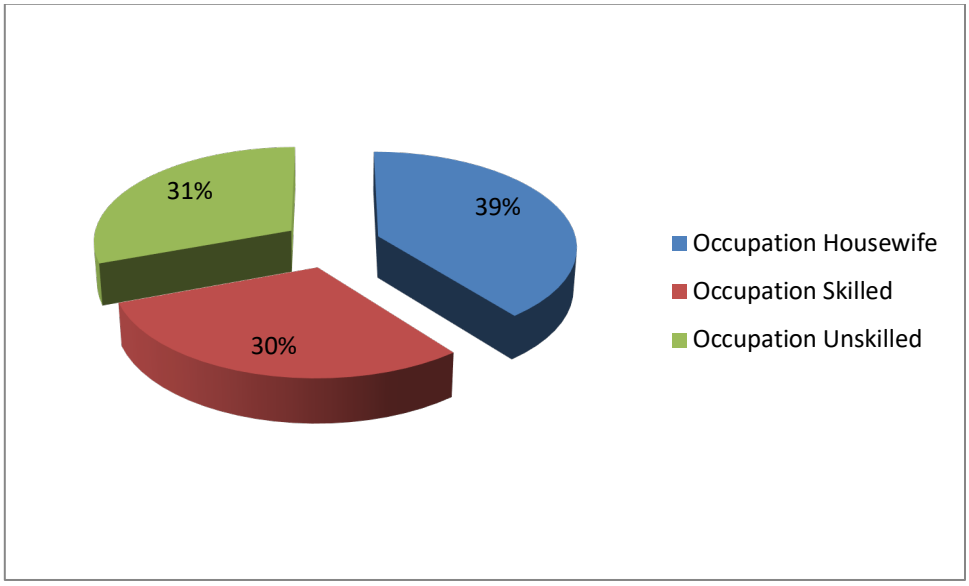


Table distribution of Place of residence

		Frequency	Percent
Place of residence	Rural	236	47.2
	Urban	264	52.8
	Total	500	100.0

In our study, 236 (47.2%) patients were from Rural area and 264 (52.8%) patients were from Urban area.

The value of z is 1.7709. The value of p is .07672. The result is not significant at $p < .05$.

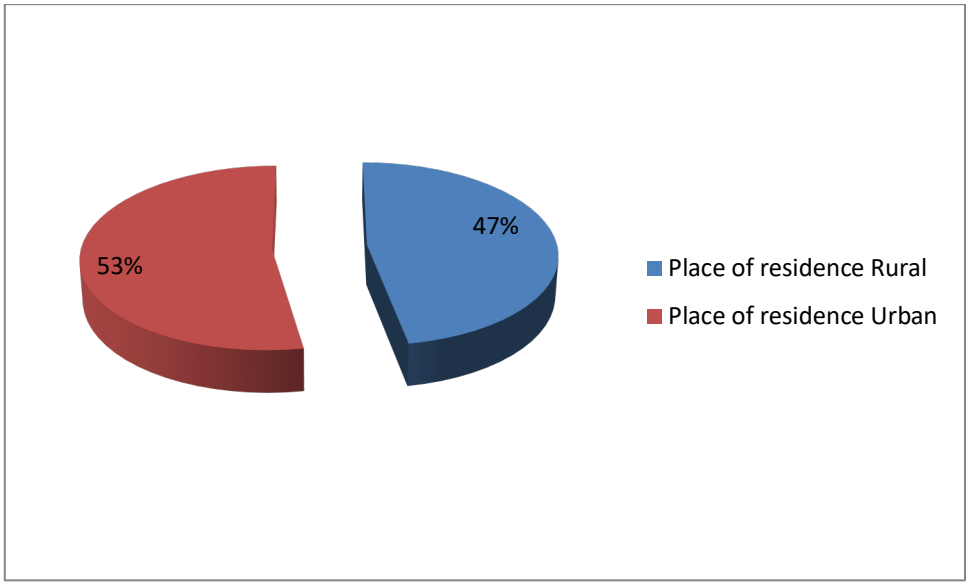


Table distribution of Socio economic status

		Frequency	Percent
Socio economic status	Class 1(upper)	92	18.4
	Class2(upper middle)	60	12.0
	Class 3(upper lower)	80	16.0
	Class 4(lower middle)	161	32.2
	Class 5(lower)	107	21.4
	Total	500	100.0

In our study, 92 (18.4%) patients were Class 1(upper), 60 (12.0%) patients were Class2(upper middle), 80 (16.0%) patients were Class 3(upper lower), 161 (32.2%) patients were Class 4(lower middle) and 107 (21.4%) patients were Class 5(lower).

The value of z is 7.6976. The value of p is < .00001. The result is significant at p < .05.

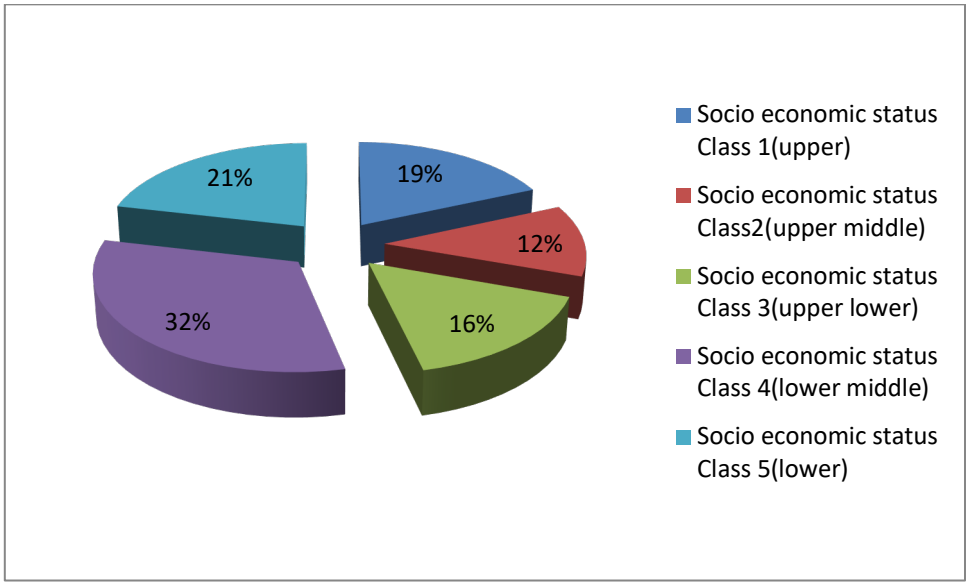


Table distribution of Department

		Frequency	Percent
Department	Gyne & Obs	72	14.4
	Medicine	202	40.4
	Orthopaedics	10	2.0
	Surgery	216	43.2
	Total	500	100.0

In our study, 72 (14.4%) patients were Gyne & Obs, 202 (40.4%) patients were Medicine, 10 (2.0%) patients were Orthopaedics and 216 (43.2%) patients were Surgery.

The value of z is 15.5755. The value of p is < .00001. The result is significant at p < .05.

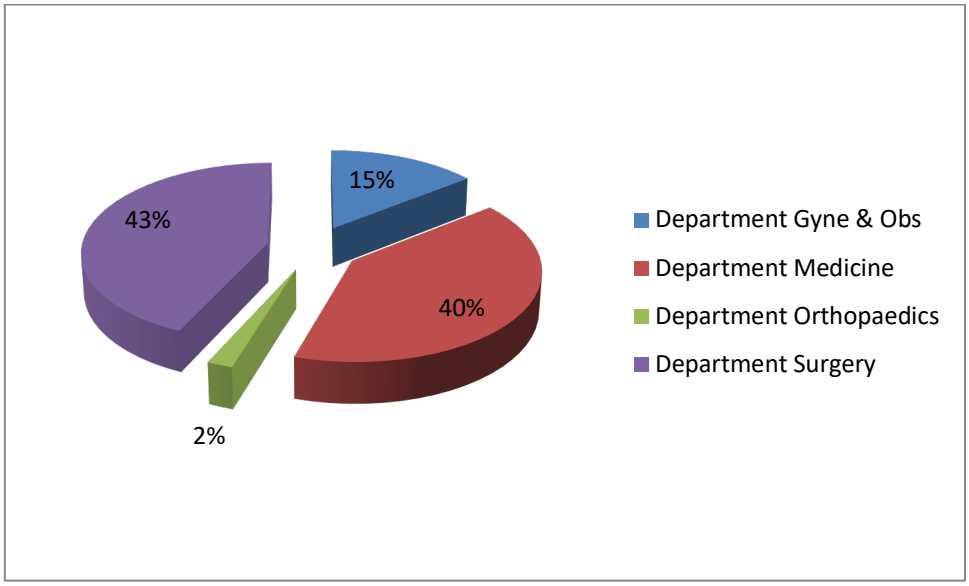
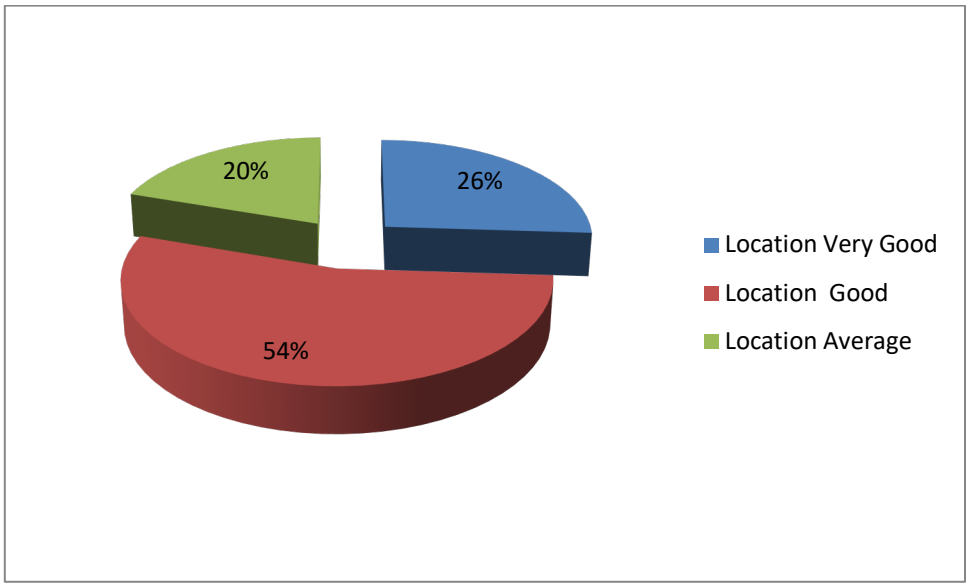


Table distribution of Location

		Frequency	Percent
Location	Very Good	130	26.0
	Good	271	54.2
	Average	99	19.8
	Total	500	100.0

In our study, 130 (26.0%) patients had Very Good Location, 271 (54.2%) patients had Good Location and 99 (19.8%) patients had Average Location.

The value of z is 11.2657. The value of p is < .00001. The result is significant at p < .05.



Registration time (Reception & Registration)

		Frequency	Percent
Registration time (Reception & Registration)	Very Good	171	34.2
	Good	190	38.0
	Average	139	27.8
	Total	500	100.0

In our study, 171 (34.2%) patients had Very Good Registration time (Reception & Registration), 190 (38.0%) patients had Good Registration time (Reception & Registration) and 139 (27.8%) patients had Average Registration time (Reception & Registration).

The value of z is 3.4325. The value of p is .0006. The result is significant at $p < .05$.

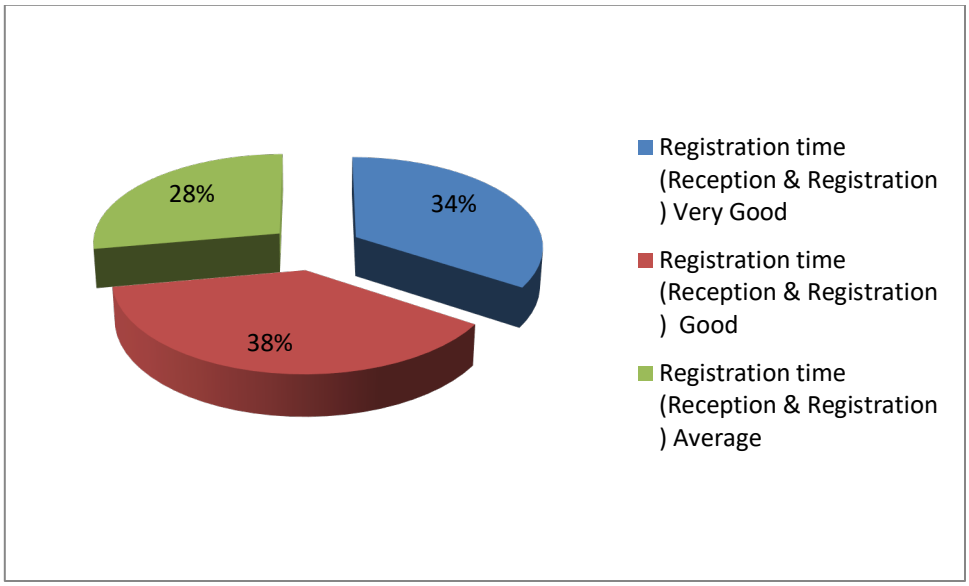

28%
34%
38%
Registration time (Reception & Registration) Very Good
Registration time (Reception & Registration) Good
Registration time (Reception & Registration) Average

Table distribution of Information required (Reception & Registration)

		Frequency	Percent
Information required (Reception & Registration)	Very Good	119	23.8
	Good	218	43.6
	Average	163	32.6
	Total	500	100.0

In our study, 119 (23.8%) patients had Very Good Information required (Reception & Registration), 218 (43.6%) patients had Good Information required (Reception & Registration) and 163 (32.6%) patients had Average Information required (Reception & Registration).

The value of z is 6.6231. The value of p is < .00001. The result is significant at p < .05.

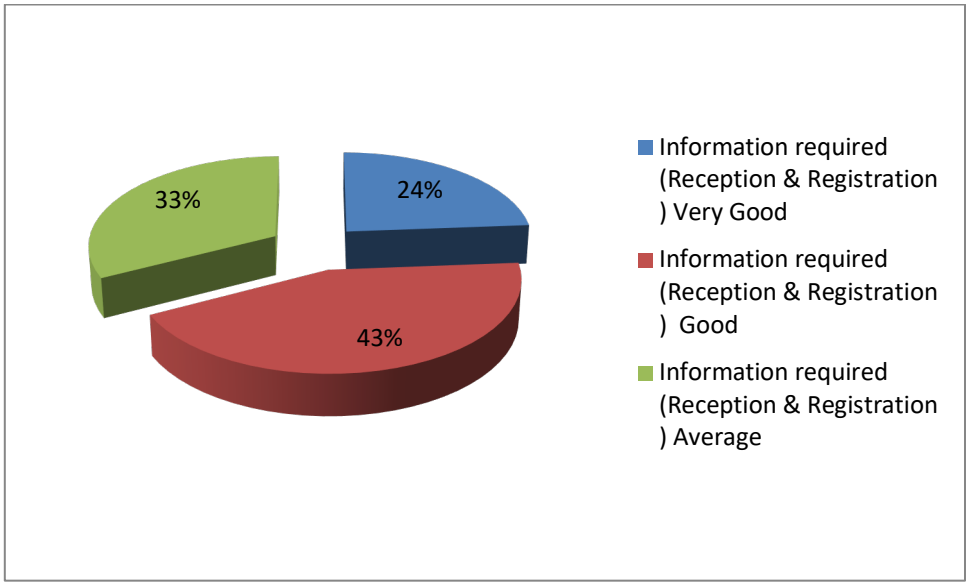

33%
24%
43%
Information required (Reception & Registration) Very Good
Information required (Reception & Registration) Good
Information required (Reception & Registration) Average

Table distribution of Behaviour of staff (Reception & Registration)

		Frequency	Percent
Behaviour of staff (Reception & Registration)	Very Good	169	33.8
	Good	240	48.0
	Average	91	18.2
	Total	500	100.0

In our study, 169 (33.8%) patients had Very Good Behaviour of staff (Reception & Registration), 240 (48.0%) patients had Good Behaviour of staff (Reception & Registration) and 91 (18.2%) patients had Average Behaviour of staff (Reception & Registration).

The value of z is 10.0129. The value of p is < .00001. The result is significant at p < .05.

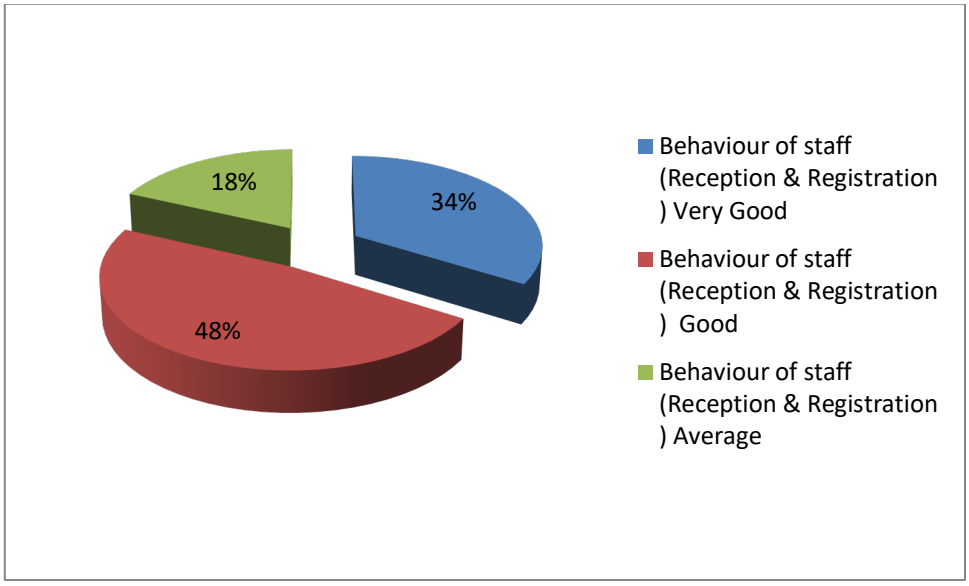

18%
34%
48%
Behaviour of staff (Reception & Registration) Very Good
Behaviour of staff (Reception & Registration) Good
Behaviour of staff (Reception & Registration) Average

Table distribution of Signages & Directions (Waiting Area)

		Frequency	Percent
Signages & Directions (Waiting Area)	Very Good	232	46.4
	Good	138	27.6
	Average	130	26.0
	Total	500	100.0

In our study, 232 (46.4%) patients had Very Good Signages & Directions (Waiting Area), 138 (27.6%) patients had Good Signages & Directions (Waiting Area) and 130 (26.0%) patients had Average Signages & Directions (Waiting Area).

The value of z is 6.7117. The value of p is < .00001. The result is significant at p < .05.

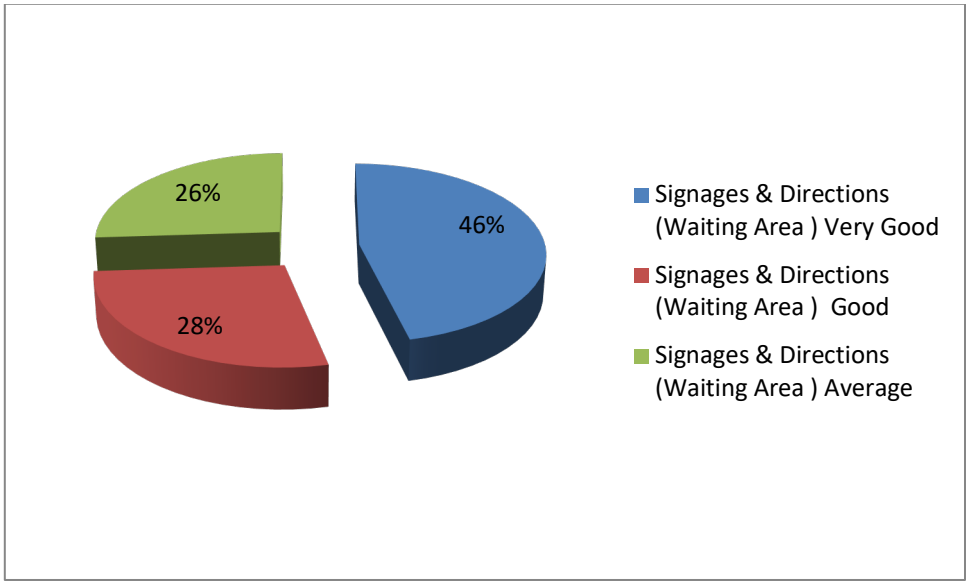

26%
46%
28%
Signages & Directions (Waiting Area) Very Good
Signages & Directions (Waiting Area) Good
Signages & Directions (Waiting Area) Average

Table distribution of Seating facility (Waiting Area)

		Frequency	Percent
Seating facility (Waiting Area)	Very Good	119	23.8
	Good	211	42.2
	Average	170	34.0
	Total	500	100.0

In our study, 119 (23.8%) patients had Very Good Seating facility (Waiting Area), 211 (42.2%) patients had Good Seating facility (Waiting Area) and 170 (34.0%) patients had Average Seating facility (Waiting Area).

The value of z is 2.6698. The value of p is .00758. The result is significant at $p < .05$.

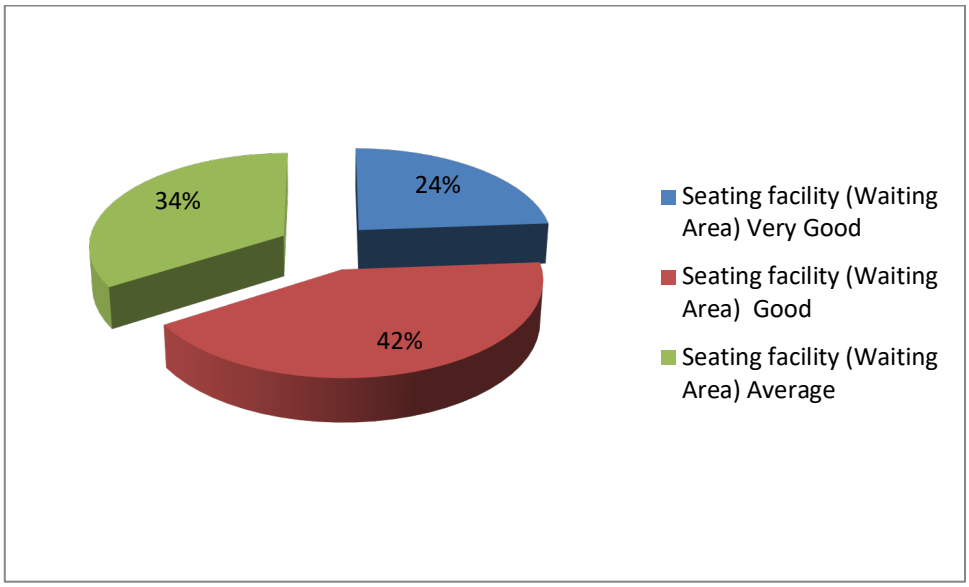


Table distribution of Drinking Water (Waiting Area)

		Frequency	Percent
Drinking Water (Waiting Area)	Very Good	130	26.0
	Good	270	54.0
	Average	100	20.0
	Total	500	100.0

In our study, 130 (26.0%) patients had Very Good Drinking Water (Waiting Area), 270 (54.0%) patients had Good Drinking Water (Waiting Area) and 100 (20.0%) patients had Average Drinking Water (Waiting Area).

The value of z is 11.1347. The value of p is < .00001. The result is significant at p < .05.

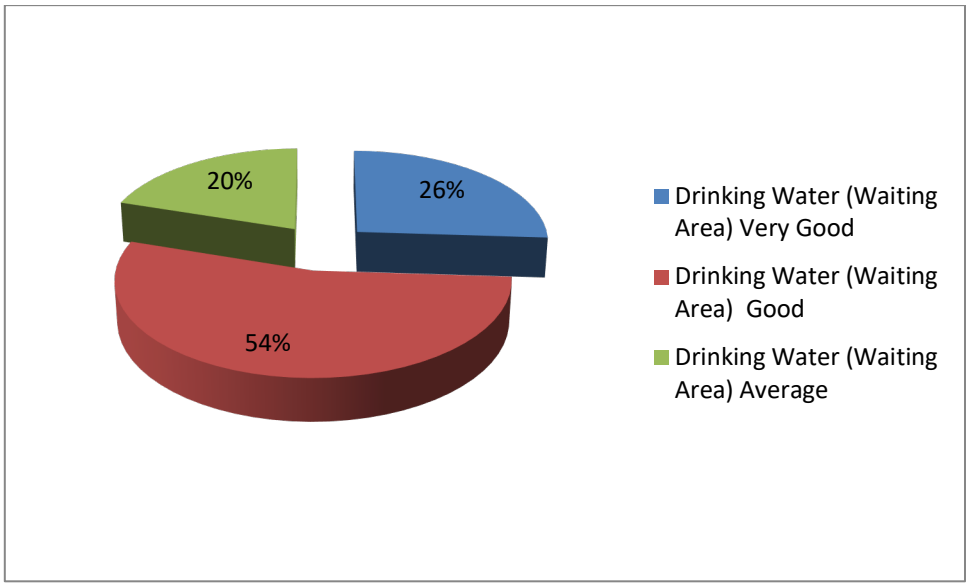


Table distribution of Toilets (Waiting Area)

		Frequency	Percent
Toilets (Waiting Area)	Very Good	171	34.2
	Good	198	39.6
	Average	131	26.2
	Total	500	100.0

In our study, 171 (34.2%) patients had Very Good Toilets (Waiting Area), 198 (39.6%) patients had Good Toilets (Waiting Area) and 131 (26.2%) patients had Average Toilets (Waiting Area).

The value of z is 4.5094. The value of p is < .00001. The result is significant at p < .05.

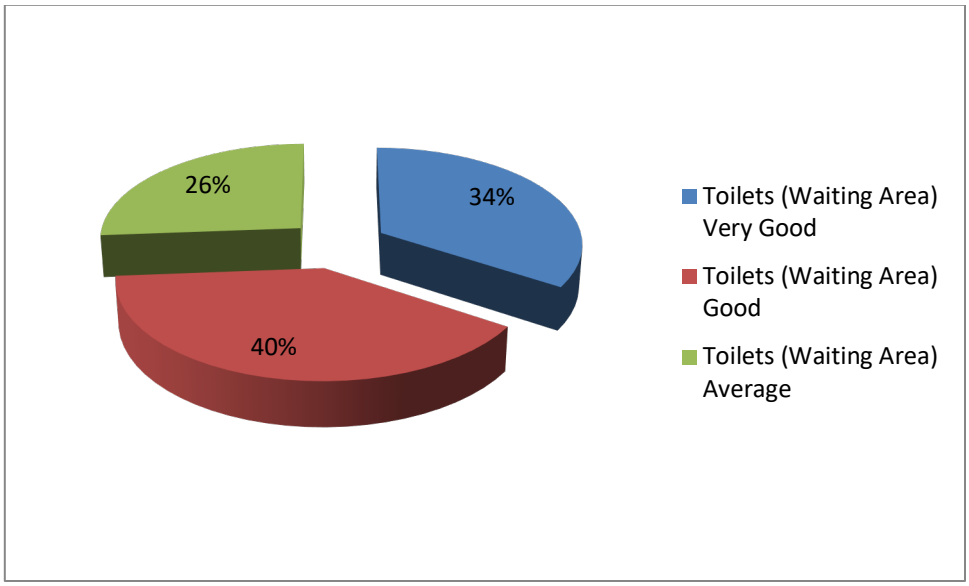


Table distribution of Information given (Consultation)

		Frequency	Percent
Information given (Consultation)	Very Good	158	31.6
	Good	180	36.0
	Average	162	32.4
	Total	500	100.0

In our study, 158 (31.6%) patients had Very Good Information given (Consultation), 180 (36.0%) patients had Good Information given (Consultation) and 162 (32.4%) patients had Average Information given (Consultation).

The value of z is 1.4707. The value of p is .14156. The result is not significant at $p < .05$.

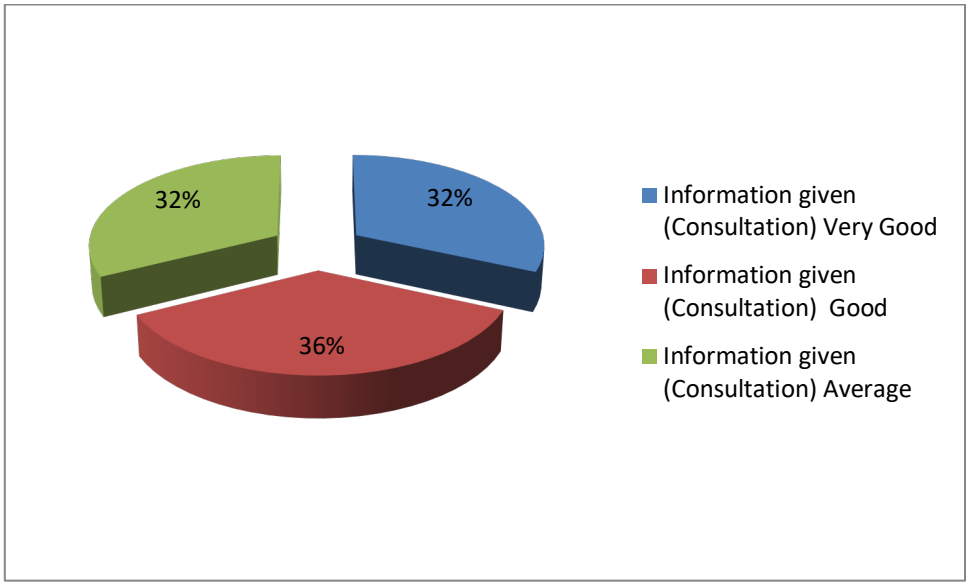


Table distribution of Waiting time for Consultation (Consultation)

		Frequency	Percent
Waiting time for Consultation (Consultation)	Very Good	230	46.0
	Good	179	35.8
	Average	91	18.2
	Total	500	100.0

In our study, 230 (46.0%) patients had Very Good Waiting time for Consultation (Consultation), 179 (35.8%) patients had Good Waiting time for Consultation (Consultation) and 91 (18.2%) patients had Average Waiting time for Consultation (Consultation).

The value of z is 9.4152. The value of p is < .00001. The result is significant at p < .05.

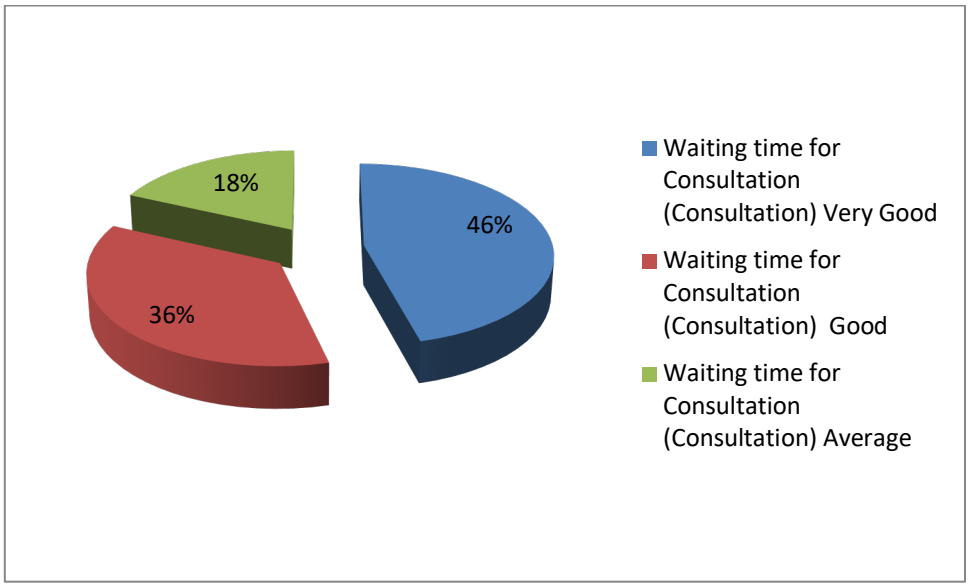


Table distribution of Behaviour of Doctor (Consultation)

		Frequency	Percent
Behaviour of Doctor (Consultation)	Very Good	232	46.4
	Good	169	33.8
	Average	99	19.8
	Total	500	100.0

In our study, 232 (46.4%) patients had Very Good Behaviour of Doctor (Consultation), 169 (33.8%) patients had Good Behaviour of Doctor (Consultation) and 99 (19.8%) patients had Average Behaviour of Doctor (Consultation).

The value of z is 8.9377. The value of p is < .00001. The result is significant at p < .05.

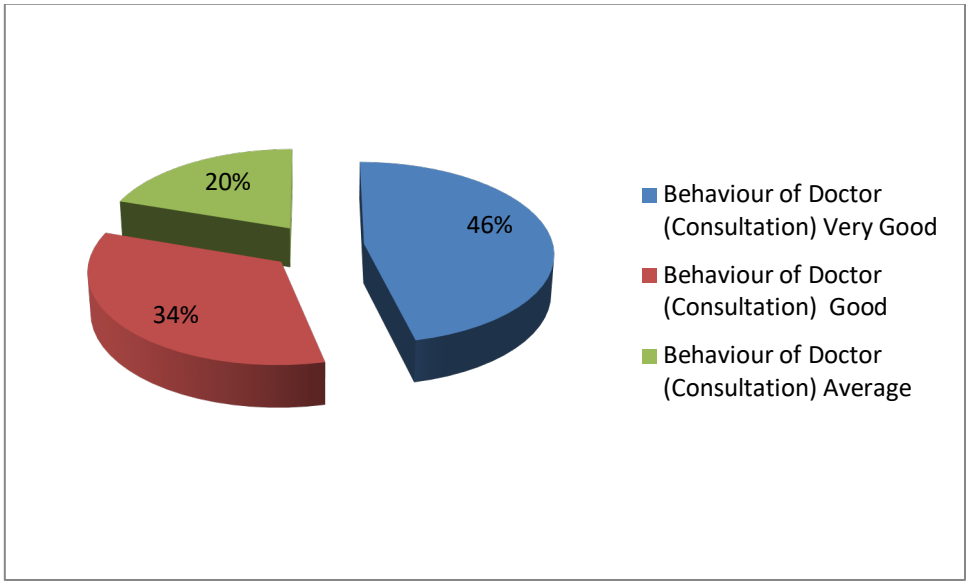


Table distribution of Behaviour of other staff (Consultation)

		Frequency	Percent
Behaviour of other staff (Consultation)	Very Good	150	30.0
	Good	279	55.8
	Average	71	14.2
	Total	500	100.0

In our study, 150 (30.0%) patients had Very Good Behaviour of other staff (Consultation), 279 (55.8%) patients had Good Behaviour of other staff (Consultation) and 71 (14.2%) patients had Average Behaviour of other staff (Consultation).

The value of z is 13.7903. The value of p is < .00001. The result is significant at p < .05.

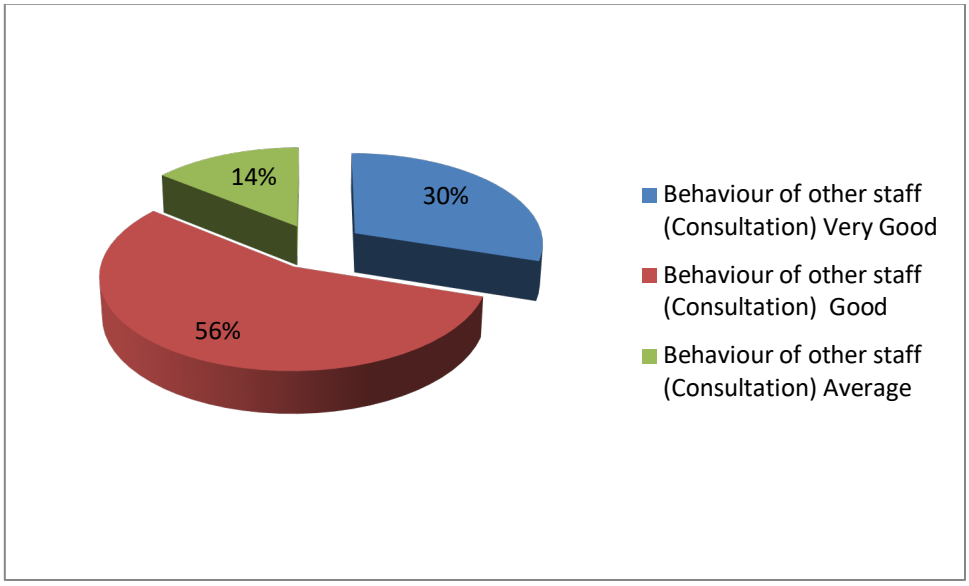


Table distribution of Waiting time (Lab & Radiology)

		Frequency	Percent
Waiting time (Lab & Radiology)	Very Good	190	38.0
	Good	271	54.2
	Average	39	7.8
	Total	500	100.0

In our study, 190 (38.0%) patients had Very Good Waiting time (Lab & Radiology), 271 (54.2%) patients had Good Waiting time (Lab & Radiology) and 39 (7.8%) patients had Average Waiting time (Lab & Radiology).

The value of z is 15.8629. The value of p is < .00001. The result is significant at p < .05.

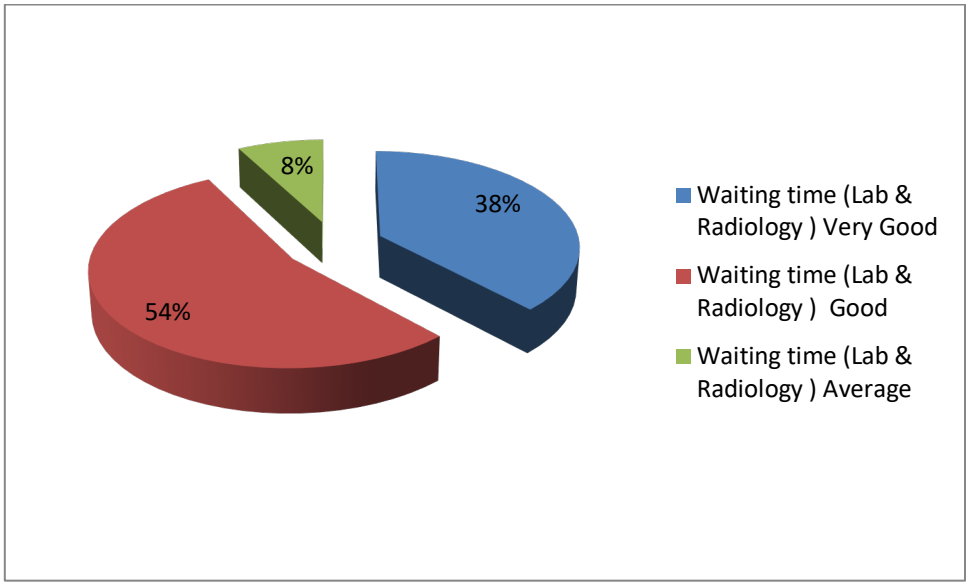


Table distribution of Reporting time (Lab & Radiology)

		Frequency	Percent
Reporting time (Lab & Radiology)	Very Good	171	34.2
	Good	198	39.6
	Average	131	26.2
	Total	500	100.0

In our study, 171 (34.20%) patients had Very Good Reporting time (Lab & Radiology), 198 (39.6%) patients had Good Reporting time (Lab & Radiology) and 131 (26.2%) patients had Average Reporting time (Lab & Radiology).

The value of z is 4.5094. The value of p is < .00001. The result is significant at p < .05.

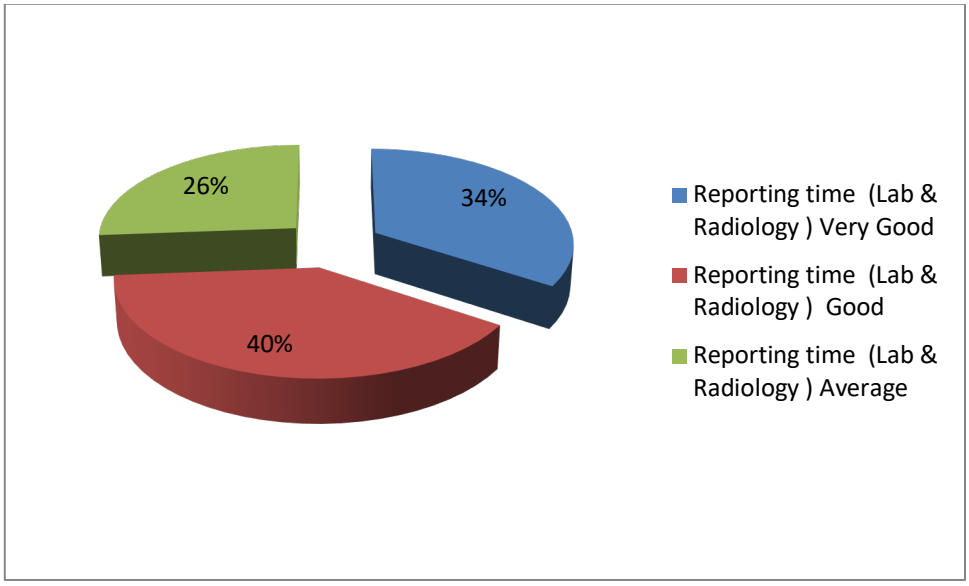

26%
34%
40%
Reporting time (Lab & Radiology) Very Good
Reporting time (Lab & Radiology) Good
Reporting time (Lab & Radiology) Average

Table distribution of Behaviour of staff (Lab & Radiology)

		Frequency	Percent
Behaviour of staff (Lab & Radiology)	Very Good	119	23.8
	Good	219	43.8
	Average	162	32.4
	Total	500	100.0

In our study, 119 (23.8%) patients had Very Good Behaviour of staff (Lab & Radiology), 219 (43.8) patients had Good Behaviour of staff (Lab & Radiology) and 162 (32.48) patients had Average Behaviour of staff (Lab & Radiology).

The value of z is 6.6852. The value of p is < .00001. The result is significant at p < .05.

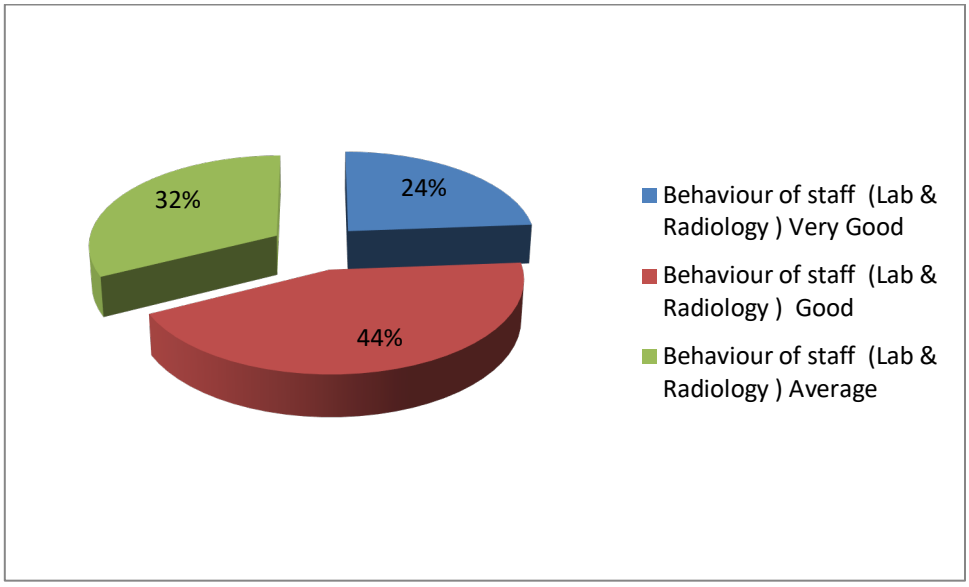

32%
24%
44%
Behaviour of staff (Lab & Radiology) Very Good
Behaviour of staff (Lab & Radiology) Good
Behaviour of staff (Lab & Radiology) Average

Table distribution of Waiting time (Pharmacy)

		Frequency	Percent
Waiting time (Pharmacy)	Very Good	130	26.0
	Good	279	55.8
	Average	91	18.2
	Total	500	100.0

In our study, 130 (26.0%) patients had Very Good Waiting time (Pharmacy), 279 (55.8%) patients had Good Waiting time (Pharmacy) and 91 (18.2%) patients had Average Waiting time (Pharmacy).

The value of z is 12.3136. The value of p is < .00001. The result is significant at p < .05.

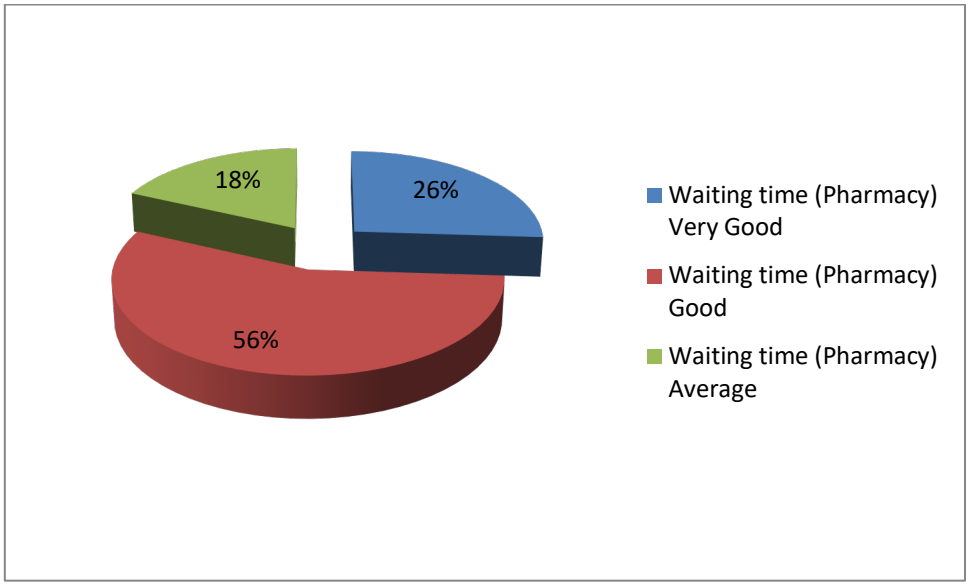


Table distribution of Availability of Medicines (Pharmacy)

		Frequency	Percent
Availability of Medicines (Pharmacy)	Very Good	171	34.2
	Good	191	38.2
	Average	138	27.6
	Total	500	100.0

In our study, 171 (34.2%) patients had Very Good Availability of Medicines (Pharmacy), 191 (38.2%) patients had Good Availability of Medicines (Pharmacy) and 138 (27.6%) patients had Average Availability of Medicines (Pharmacy).

The value of z is 3.5671. The value of p is .00036. The result is significant at $p < .05$.

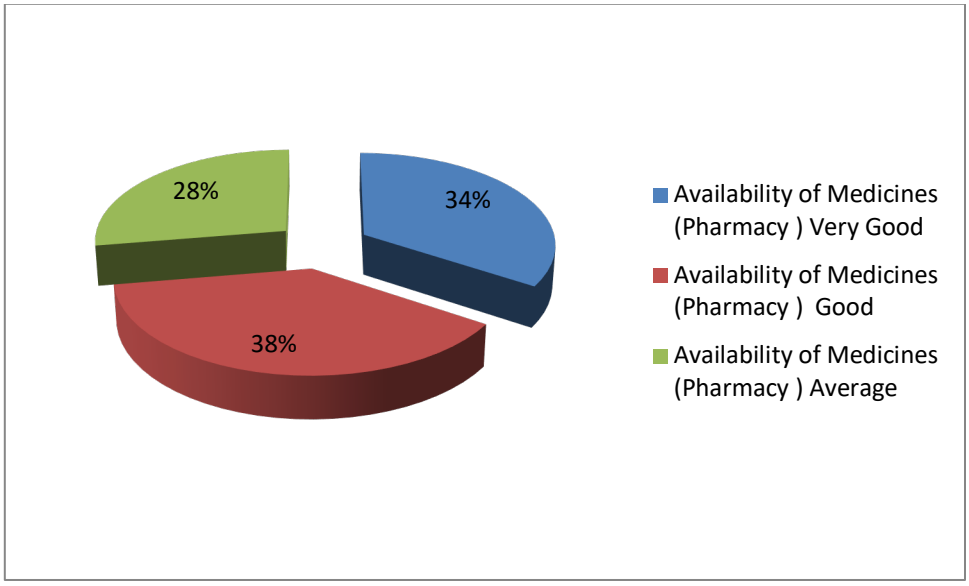


Table distribution of Behaviour of staff (Pharmacy)

		Frequency	Percent
Behaviour of staff (Pharmacy)	Very Good	119	23.8
	Good	210	42.0
	Average	171	34.2
	Total	500	100.0

In our study, 119 (23.8%) patients had Very Good Behaviour of staff (Pharmacy), 210 (42.0%) patients had Good Behaviour of staff (Pharmacy) and 171 (34.2%) patients had Average Behaviour of staff (Pharmacy).

The value of z is 6.1247. The value of p is < .00001. The result is significant at p < .05.

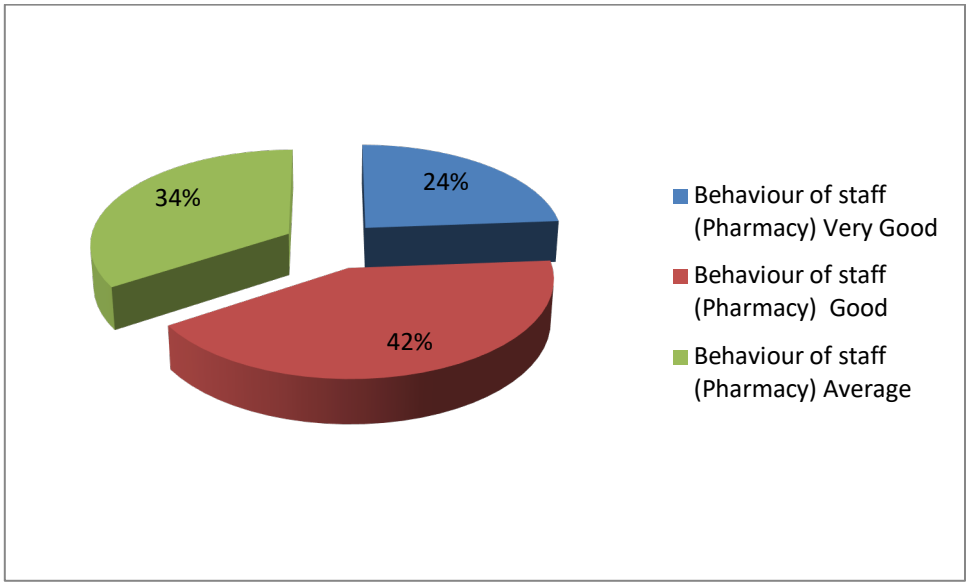


Table distribution of Explanation about Medicines and doses (Pharmacy)

		Frequency	Percent
Explanation about Medicines and doses (Pharmacy)	Very Good	130	26.0
	Good	270	54.0
	Average	100	20.0
	Total	500	100.0

In our study, 130 (26.0%) patients had Very Good Explanation about Medicines and doses (Pharmacy), 270 (54.0%) patients had Good Explanation about Medicines and doses (Pharmacy) and 100 (20.0%) patients had Average Explanation about Medicines and doses (Pharmacy).

The value of z is 11.1347. The value of p is < .00001. The result is significant at p < .05.

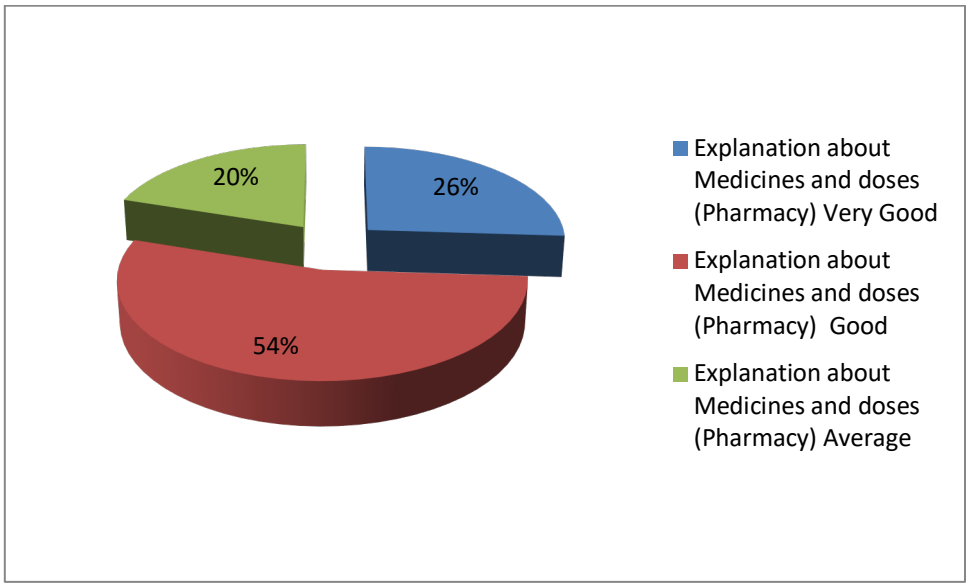

20%
26%
54%
Explanation about Medicines and doses (Pharmacy) Very Good
Explanation about Medicines and doses (Pharmacy) Good
Explanation about Medicines and doses (Pharmacy) Average

Table distribution of Cleanliness

		Frequency	Percent
Cleanliness	Very Good	171	34.2
	Good	191	38.2
	Average	138	27.6
	Total	500	100.0

In our study, 171 (34.2%) patients had Very Good Cleanliness, 191 (38.2%) patients had Good Cleanliness and 138 (27.6%) patients had Average Cleanliness.

The value of z is 3.5671. The value of p is .00036. The result is significant at $p < .05$.

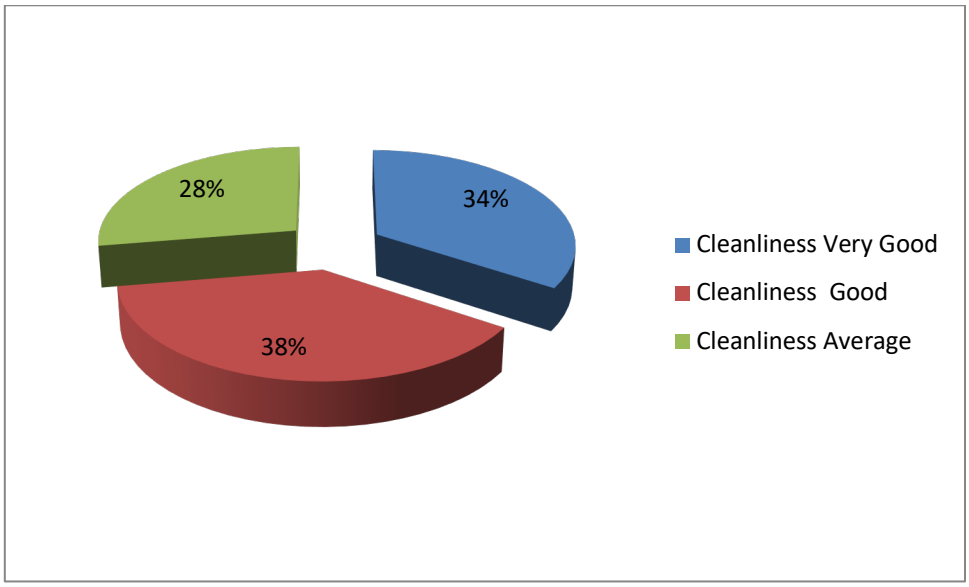


Table distribution of Parking facilities

		Frequency	Percent
Parking facilities	Very Good	119	23.8
	Good	218	43.6
	Average	163	32.6
	Total	500	100.0

In our study, 119 (23.8%) patients had Very Good Parking facilities, 218 (43.6%) patients had Good Parking facilities and 163 (32.6%) patients had Average Parking facilities.

The value of z is 6.6231. The value of p is < .00001. The result is significant at p < .05.

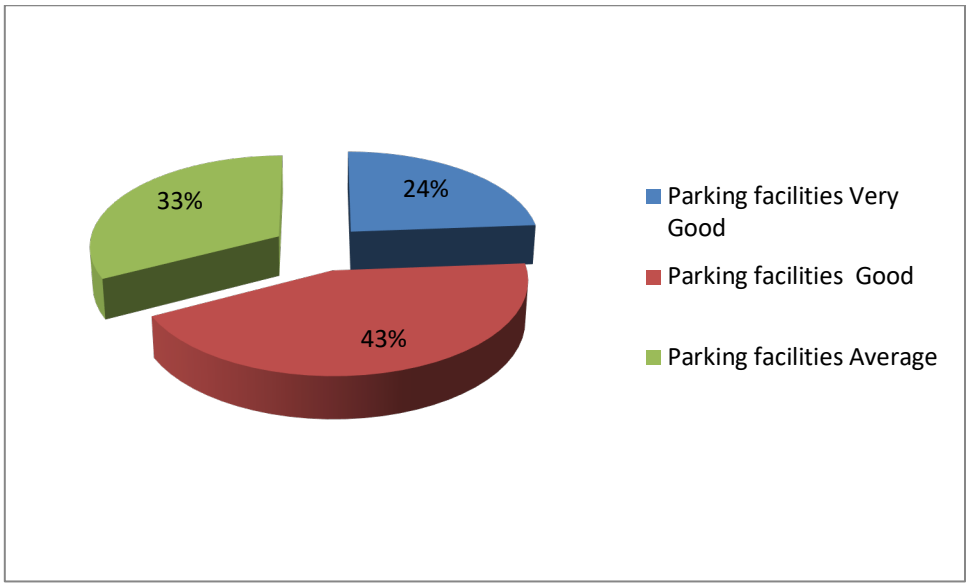


Table distribution of Cafeteria facility

		Frequency	Percent
Cafeteria facility	Very Good	169	33.8
	Good	240	48.0
	Average	91	18.2
	Total	500	100.0

In our study, 169 (33.8%) patients had Very Good Cafeteria facility, 240 (48.0%) patients had Good Cafeteria facility and 91 (18.2%) patients had Average Cafeteria facility.

The value of z is 10.0129. The value of p is < .00001. The result is significant at p < .05.

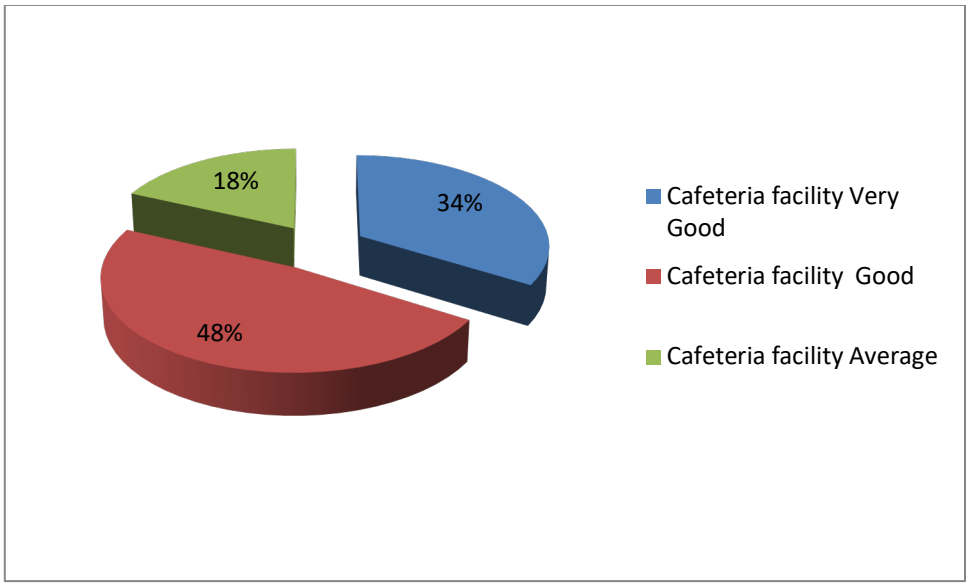


Table distribution of How was your overall experience at hospital

		Frequency	Percent
How was your overall experience at hospital	Very Good	171	34.2
	Good	198	39.6
	Average	131	26.2
	Total	500	100.0

In our study, 171 (34.2%) patients had Very Good How was your overall experience at hospital, 198 (39.6%) patients had Good How was your overall experience at hospital and 131 (26.2%) patients had Average How was your overall experience at hospital.

The value of z is 4.5094. The value of p is < .00001. The result is significant at p < .05.

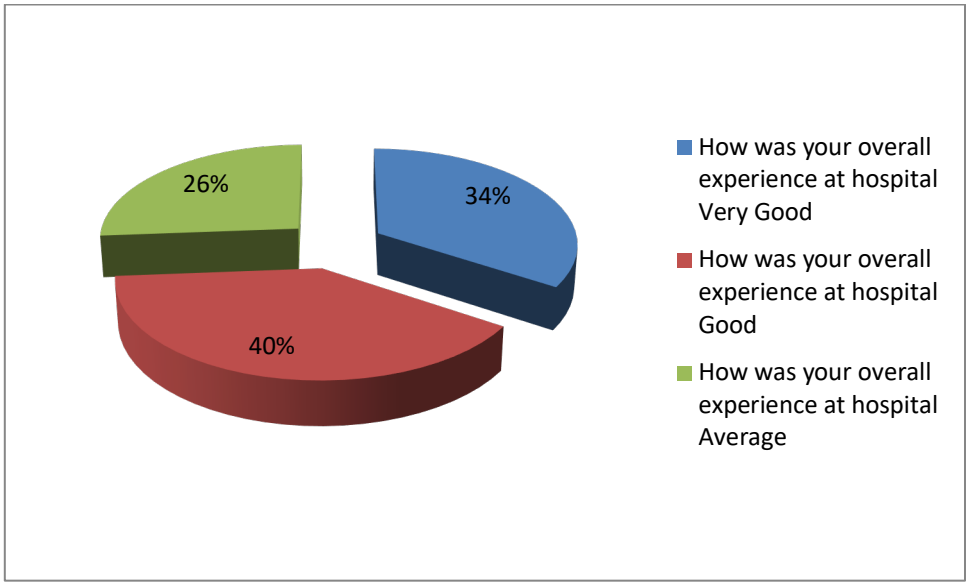

26%
34%
40%
How was your overall experience at hospital Very Good
How was your overall experience at hospital Good
How was your overall experience at hospital Average

Table distribution of Will you visit again or recommend this hospital to others?

		Frequency	Percent
Will you visit again or recommend this hospital to others?	No	119	23.8
	Yes	210	42.0
	May Be	171	34.2
	Total	500	100.0

In our study, 119 (23.8%) patients said no on asking, Will you visit again or recommend this hospital to others?, 210 (42.0%) patients said yes on asking, Will you visit again or recommend this hospital to others? and 171 (34.2%) patients said may be on asking Will you visit again or recommend this hospital to others?.

The value of z is 9.7945. The value of p is < .00001. The result is significant at p < .05.

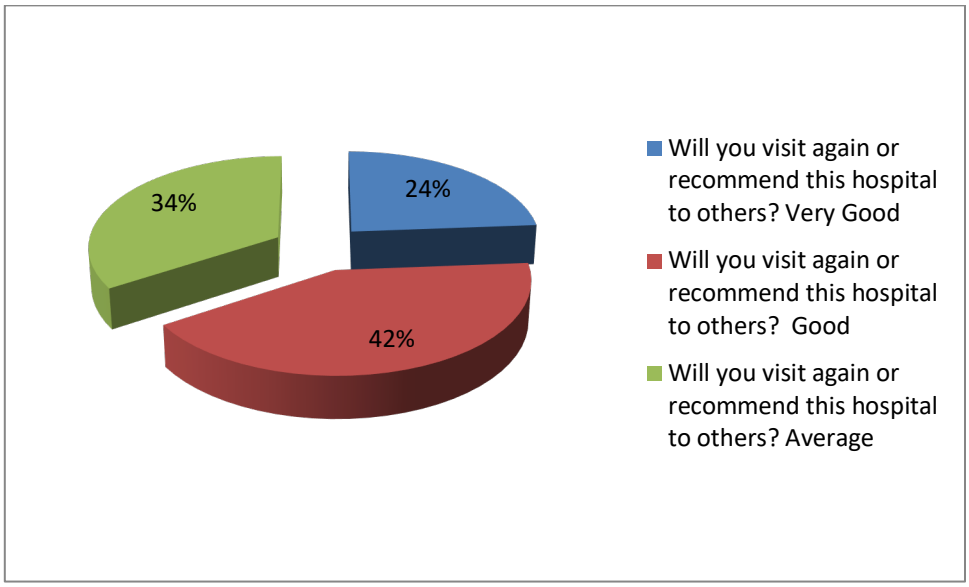
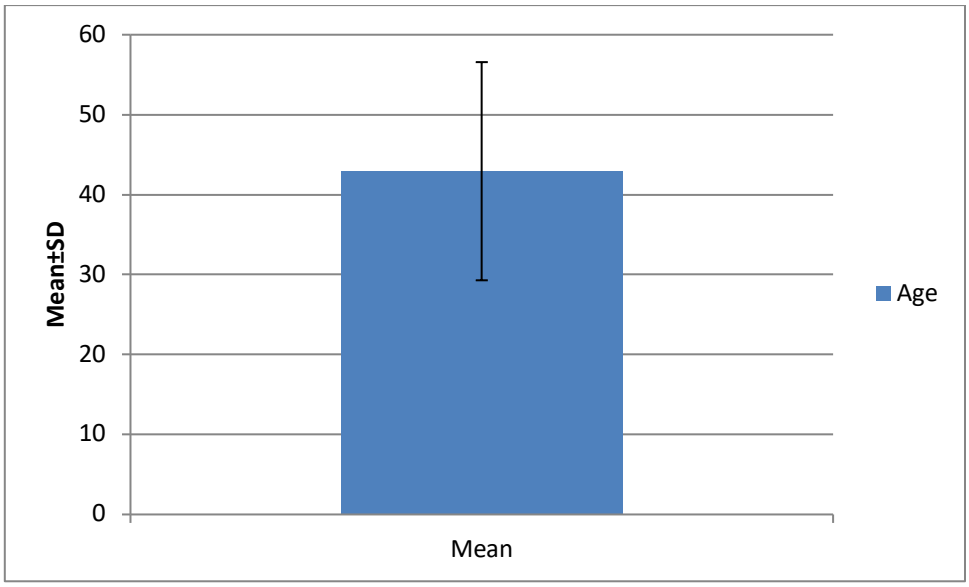

34%
24%
42%
Will you visit again or recommend this hospital to others? Very Good
Will you visit again or recommend this hospital to others? Good
Will you visit again or recommend this hospital to others? Average

Table distribution of mean Age

	Number	Minimum	Maximum	Mean	Std. Deviation
Age	500	21	65	42.93	13.644

In above table showed that the mean Age (mean±s.d.) of patients was 42.93± 13.644.



2024

Discussion

DISCUSSION

The present study was a Cross-sectional. This Study was conducted from 12 months at Santosh Medical College & Hospitals, Ghaziabad. Ethical approval for the study has been obtained from the Institutional Ethics Committee (IEC) (Lr. No.: SU/R/2024/1344[36]) of Santosh Deemed to be University, Ghaziabad, UP before starting.

Geberu DM et al [14] (2019) found that knowing the factors for patient satisfaction is an important and direct indicator of quality of health care which is essential for providers to fill their gaps. In private wing, it was affected by being in the age group of 38 to 47 years (AOR: 22.1; 95% CI: 2.39–203.6), attended elementary school (AOR: 4.69; 95% CI: 1.04–21.26), availability of drugs (AOR: 0.14; 95% CI: 0.04–0.58), and the accessibility of latrines (AOR: 6.56; 95% CI: 1.16–37.11).

Ayele WM et al [22] (2022) found that patient satisfaction is a key metric for determining how efficient healthcare is delivered. An estimated 35.6% of respondents were between the ages of 28 and 37 years.

Chatterjee S et al [25] (2022) found that healthcare facilities at any point comprise different stakeholders and various mechanisms which require constant monitoring and feedback for smooth functioning and improvement in services. Study participants were predominantly females with a mean age of 43 Â± 14.23 years.

Geberu DM et al [14] (2019) found that knowing the factors for patient satisfaction is an important and direct indicator of quality of health care which is essential for providers to fill their gaps. In private wing, it was affected by being in the age group of 38 to 47 years (AOR: 22.1; 95% CI: 2.39–203.6), attended elementary school (AOR: 4.69; 95% CI: 1.04–21.26), availability of drugs (AOR: 0.14; 95% CI: 0.04–0.58), and the accessibility of latrines (AOR: 6.56; 95% CI: 1.16–37.11).

Chandra S et al [16] (2019) examine that with evolving health care industry toward patient centered orientation, inputs from the patients' perspective is valuable. Improved patient satisfaction is associated with increased levels of adherence to treatment processes and recommended prevention, and improved health outcomes. Univariate logistic regression showed that age, gender, education level, waiting time, doctors' communication behavior, and patient trust level were significantly associated with patient satisfaction independently.

We observed that, most of the patients were 51-60 years old [130 (26.0%)]. Which was statistically significant (p< .00001), (z=5.9205). In our study, the mean Age of patients was [42.93± 13.644]

Ayele WM et al [22] (2022) found that patient satisfaction is a key metric for determining how efficient healthcare is delivered. There were 537 participants in the study consisting of males (50.6%) and females (49.4%).

Chatterjee S et al [25] (2022) found that healthcare facilities at any point comprise different stakeholders and various mechanisms which require constant monitoring and feedback for smooth functioning and improvement in services. Study participants were predominantly females with a mean age of 43 Â± 14.23 years.

Verma M et al [17] (2020) found that patient satisfaction is pertinent for measuring the performance of health-care service delivery, which is a multidimensional construct that depends on many factors. Male (odds ratio [OR] = 2.08; 95% confidence interval [CI]: 1.04–4.14) and literate patients (OR = 2.77; 95% CI: 1.4–4.14) had higher chances of being satisfied with the OPD services.

In our study female population [215 (78.2%)] was higher than the male population [173 (34.6%)] it was statistically significant (p< .00001), (z=9.7398).

We found that, most number of patients were High school education [21 (70.0%)]. It was statistically significant (p< .00001), (z=16.1611)

We observed that, majority of the patients were lived in Urban area [264 (52.8%)] and it was statistically significant (p=.07672), (z=1.7709)

We found that, significantly higher of patients were belong from lower middle [161 (32.2%)]. (p< .00001), (z=7.6976)

We observed that, most of the patients had Surgery Department [216 (43.2%)]. Which was statistically significant (p< .00001), (z=15.5755)

We found that, a greater number of patients had Location Good [271 (54.2%)]. It was statistically significant (p< .00001), (z=11.2657)

We observed that, majority of the patients had Good Registration time (Reception & Registration) [190 (38.0%)] and it was statistically significant (p= .00006), (z=3.4325)

We observed that, majority of the patients had Information required (Reception & Registration) Good [218 (43.6%)] and it was statistically significant (p< .00001), (z=6.6231)

We found that, most number of patients were good Behaviour of staff Nulliparous Parity [240 (48.0%)]. It was statistically significant (p< .00001), (z=10.0129)

We observed that, majority of the patients were Signages & Directions (Waiting Area) [232 (46.4%)] and it was statistically significant (p< .00001), (z=6.7117)

We found that, significantly higher of patients had Seating facility is good [211 (42.2%)]. (p=.00758), (z=2.6698)

We observed that, most of the patients had good Drinking Water [270 (54.0%)]. Which was statistically significant (p< .00001), (z=11.1347)

We found that, a greater number of patients had good Toilets in (Waiting Area) [198 (39.6%)]. It was statistically significant (p< .00001), (z=4.5094)

We observed that, majority of the patients had good Information given (Consultation) [180 (36.0%)] and it was not statistically significant (p=.14156), (z=1.4707)

We observed that, majority of the patients had Very Good Waiting time for Consultation [230 (46.0%)] and it was statistically significant (p< .00001), (z=9.4152)

We found that, most number of patients had very good Behaviour of Doctor (Consultation) [232 (46.4%)]. It was statistically significant (p< .00001), (z=8.9377)

We observed that, majority of the patients had Behaviour of other staff (Consultation) [279 (55.8%)] and it was statistically significant (p< .00001), (z=13.7903)

We found that, significantly higher of patients had Good Waiting time (Lab & Radiology) [271 (54.2%)]. (p< .00001), (z=15.8629)

We observed that, most of the patients had Good Reporting time (Lab & Radiology) [198(39.6%)]. Which was statistically significant (p< .00001), (z=4.5094)

We found that, a greater number of patients had good Behaviour of staff (Lab & Radiology) good [219 (43.8%)]. It was statistically significant (p< .00001), (z=6.6852)

We observed that, majority of the patients had Good Waiting time (Pharmacy) [279 (55.8%)] and it was statistically significant (p< .00001), (z=12.3136)

We observed that, majority of the patients had good Availability of Medicines (Pharmacy) [191 (38.2%)] and it was statistically significant (p=.00036), (z=3.5671)

We found that, most number of patients had good Behaviour of staff (Pharmacy) [210(42.0%)]. It was statistically significant (p< .00001), (z=6.1247)

We observed that, majority of the patients had Good Cleanliness [191 (38.2%)] and it was statistically significant (p=.00036), (z=3.5671)

We found that, significantly higher of patients had Good Parking facilities [218 (43.6%)]. (p< .00001), (z=6.6231)

We observed that, most of the patients had Good Cafeteria facility [240 (48.0%)]. Which was statistically significant (p< .00001), (z=10.0129)

We found that, a greater number of patients had good experience at hospital [198 (39.6%)]. It was statistically significant (p< .00001), (z=4.5094)

We observed that, most patients answered that good hospital [210 (42.0%)] and it was statistically significant (p< .00001), (z=9.7945)

Summary & Conclusion

SUMMARY AND CONCLUSION

- We observed that, most of the patients were 51-60 years old. Which was statistically significant. In our study, the mean Age of patients was [42.93± 13.644]
- In our study female population was higher than the male population it was statistically significant .
- We found that, most number of patients were High school education . It was statistically significant
- We observed that, majority of the patients were lived in Urban area and it was statistically significant
- We found that, significantly higher of patients were belong from lower middle.
- We observed that, most of the patients had Surgery Department . Which was statistically significant.
- We found that, a greater number of patients had Location Good. It was statistically significant.
- We observed that, majority of the patients had Good Registration time (Reception & Registration) and it was statistically significant.
- We observed that, majority of the patients had Information required (Reception & Registration) Good and it was statistically significant
- We found that, most number of patients were good Behaviour of staff Nulliparous Parity . It was statistically significant.
- We observed that, majority of the patients were Signages & Directions (Waiting Area) and it was statistically significant
- We found that, significantly higher of patients had Seating facility is good.
- We observed that, most of the patients had good Drinking Water. Which was statistically significant.
- We found that, a greater number of patients had good Toilets in (Waiting Area). It was statistically significant.
- We observed that, majority of the patients had good Information given (Consultation) and it was not statistically significant.
- We observed that, majority of the patients had Very Good Waiting time for Consultation and it was statistically significant

- We found that, most number of patients had very good Behaviour of Doctor (Consultation). It was statistically significant
- We observed that, majority of the patients had Behaviour of other staff (Consultation) and it was statistically significant
- We found that, significantly higher of patients had Good Waiting time (Lab & Radiology)
- We observed that, most of the patients had Good Reporting time (Lab & Radiology). Which was statistically significant
- We found that, a greater number of patients had good Behaviour of staff (Lab & Radiology) good . It was statistically significant
- We observed that, majority of the patients had Good Waiting time (Pharmacy) and it was statistically significant
- We observed that, majority of the patients had good Availability of Medicines (Pharmacy) and it was statistically significant
- We found that, most number of patients had good Behaviour of staff (Pharmacy) . It was statistically significant
- We observed that, majority of the patients had Good Cleanliness and it was statistically significant
- We found that, significantly higher of patients had Good Parking facilities.
- We observed that, most of the patients had Good Cafeteria facility. Which was statistically significant
- We found that, a greater number of patients had good experience at hospital. It was statistically significant
- We observed that, most patients answered that good hospital and it was statistically significant.

Conclude by summarizing the significance of the study's findings for improving patient-centered care in the OPD setting of tertiary care hospitals in Northern India. Emphasize the importance of ongoing efforts to monitor and enhance patient satisfaction as a critical aspect of healthcare quality.

LIMITATIONS OF THE STUDY

In spite of every sincere effort my study has lacunae.

The notable short comings of this study are:

1. The sample size was small. Only 500 cases are not sufficient for this kind of study.
2. The study has been done in a single centre.
3. The study was carried out in a tertiary care hospital, so hospital bias cannot be ruled out.

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PROFORMA

Date:

Name: **Age/Sex:**

IPD no.: Occupation:

Address:

Socio-economic status:

Department:

Investigation:

Planned for Admission:

HISTORY

Time spent waiting for doctor in OPD:

History of any previous visit in hospital:

Time required for investigation:

Assistance provided:

Time spent for getting reports:

EXAMINATION

Overall condition of the patient

Help provided like wheelchair

Patient Satisfaction level by their mood like angry, polite

INVESTIGATIONS

How many times he has visited OPD?

What is the basic challenge he/she is facing?

What is the level of satisfaction from doctors words?

Is he happy with the facilities provided?

Is he satisfied with the reports/investigations?

Is he Happy with the care provided by the staff?

Is he satisfied by the cleanliness of the Hospital?

Did he get a comfortable seat in the waiting area of hospital?

Questionnaire

Name: **Gender:** **Age:**

UHID No: **Education:** **Socioeconomic status:**

Department: **Contact No:**

Rating	Very Good	Good	Average
1.Location			
2.Reception & Registration			
Registration time			
Information required			
Behaviour of the staff			
3.Waiting area			
Signages & directions			
Seating facility			
Drinking water			
Toilets			
4.Consultation			
Information given			
Waiting time for consultation			
Behaviour of the doctor			
Behaviour of other staff			
5.Lab & Radiology			
Waiting time			

Reporting time			
Behaviour of the staff			
6.Pharmacy			
Waiting time			
Availability of medicines			
Behaviour of staff			
Explanation about medicine and doses			
7.Cleanliness			
8.Parking facilities			
9.Cafeteria facility			
10.How was your overall experience in the hospital			
Will you visit again or recommend this hospital	yes	no	maybe
Remarks:			

SANTOSH MEDICAL COLLEGE AND HOSPITAL (GHAZIABAD)

INFORMED CONSENT

I _____ Son/Daughter/Wife of _____ resident of _____.

hereby declare that I give my full, free and voluntary informed consent in the thesis – **"PATIENT SATISFACTION AMONG THE OPD ATTENDEES AT A TERTIARY CARE HOSPITAL IN NORTHERN INDIA",** Dr. _____ has informed me to my full satisfaction, in the language I understand, about the purpose, nature of study and various investigations for the study to be carried out. I have been informed about the duration of the study and instructions to be followed during the study period.

I give full consent for being enrolled in the above study and I reserve my rights to withdraw from this study, whenever I wish without prejudice of my right to undergo further treatment at Santosh Hospital, Ghaziabad U.P.

Patient's/ Patient's relative's signature
Or thumb impression

Doctors signature

Name:

Date:

We have witnessed that the patient signed the above form in the presence of his free will after fully understanding its content.

Signature of Witness

Name

Signature of Investigator
Name: Pooja Jha
Designation: PG Department of Hospital Administration
Contact No.- 9990859568

संतोष मेडिकल कॉलेज एवं अस्पताल (गाजियाबाद)

सहमति पत्र (सूचित)

मैं _____ बेटा / बेटी /पत्नी_____

निवासी _____ घोषणा करता हूं कि

डॉ._____, ने मुझे मेरी भाषा में अपने अध्ययन "**PATIENT SATISFACTION AMONG THE OPD ATTENDEES AT A TERTIARY CARE HOSPITAL IN NORTHERN INDIA**" के उद्देश्य के बारे में, और अध्ययन के दौरान अपनाई जाने वाली विभिन्न प्रयोगशाला जांच के बारे में सूचित कर दिया है। मुझे अध्ययनकी अवधि और उसके दौरान अपनाए जाने वाले निर्देश भी मेरी भाषा मे समझा दिए गए हैं| मैं उपरोक्त अध्ययन में बिना किसी दबाव के दाखिला ले रहा हूं और पूर्ण सहमति दे रहा हूं | सन्तोष अस्पताल, गाजियाबाद में अपने आगे के उपचार पर बिना प्रतिकूल प्रभाव डाले इस अध्ययन से और प्रयोगशाला जांच की प्रकृति से मैं जब चाहूँ बाहर जाने के अपने अधिकार को सुरक्षित रख रहा हूं|

रोगी / रोगी के रिश्तेदार के हस्ताक्षर डॉक्टर के हस्ताक्षर

नाम

दिनांक:

मेरी उपस्थिति में मरीज ने पूरी तरह से डाकटर के बताए गए अध्ययन और निर्देशों को समझने के बाद अपनी स्वतंत्र इच्छा से ऊपर के फार्म पर हस्ताक्षर किए हैं ।

हस्ताक्षर

नाम: पूजा झा

पदनाम: पीजी

अस्पताल प्रशासन विभाग

संपर्क नंबर- 9990859568

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TO WHOM IT MAY CONCERN

This is to certify that the statistical analysis component of the THESIS topic: "**Patient Satisfaction Among the OPD Attendees at a Tertiary Care Hospital in Northern India**"; being done by Pooja Jha, II[rd] year post-graduate trainee in the Department of Hospital Administration; Santosh Medical College and Hospitals, No.1, Sector 12, Santosh Nagar,Pratap Vihar, Ghaziabad, Uttar Pradesh 201009; was conducted under my direct guidance and supervision. All statistical data is duly cross-checked and found correct to per best of my knowledge.

Wish him all the success in life.

Date:25/07/2024

Debarshi Jana

Dr. Debarshi Jana

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F. No. SU/R/2024/1344[36] Dated: 17.05.2024

Subject: Grant of Ethical Clearance for **Dissertation Protocol** Topic **"Patient Satisfaction among the OPD Attendees at a Tertiary Care Hospital",** submitted by **POOJA JHA,** student of Master in Hospital Administration, 2022 Batch.

*****

With reference to the request for grant of Ethical Clearance for the Dissertation Protocol entitled **"Patient Satisfaction among the OPD Attendees at a Tertiary Care Hospital", POOJA JHA** is informed that the **Dissertation Protocol** submitted by him/her was considered by the **Screening Committee** of the **Allied Health Sciences** in its meetings held on 07.02.2024 and 29.02.2024. The recommendations of the **Screening Committee** were considered in detail by the **Institutional Ethics Committee** in its meeting held on **15.05.2024** and the same was **approved** by the **Ethics Committee** of the **Santosh Deemed to be University, Ghaziabad, Delhi NCR**.

He /She is informed accordingly for further necessary action.

17/5/24

[Dr. EZHILRAJAN. K]
REGISTRAR

DEEMED TO BE UNIVERSITY REGISTRAR BAD, NCR DELHI

POOJA JHA
Master in Hospital Administration.

Copy to:

1. The Vice Chancellor
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Plagiarism Certificate

PATIENT SATISFACTION AMONG THE OPD ATTENDEES AT A TERTIARY CARE HOSPITAL IN NORTHERN INDIA

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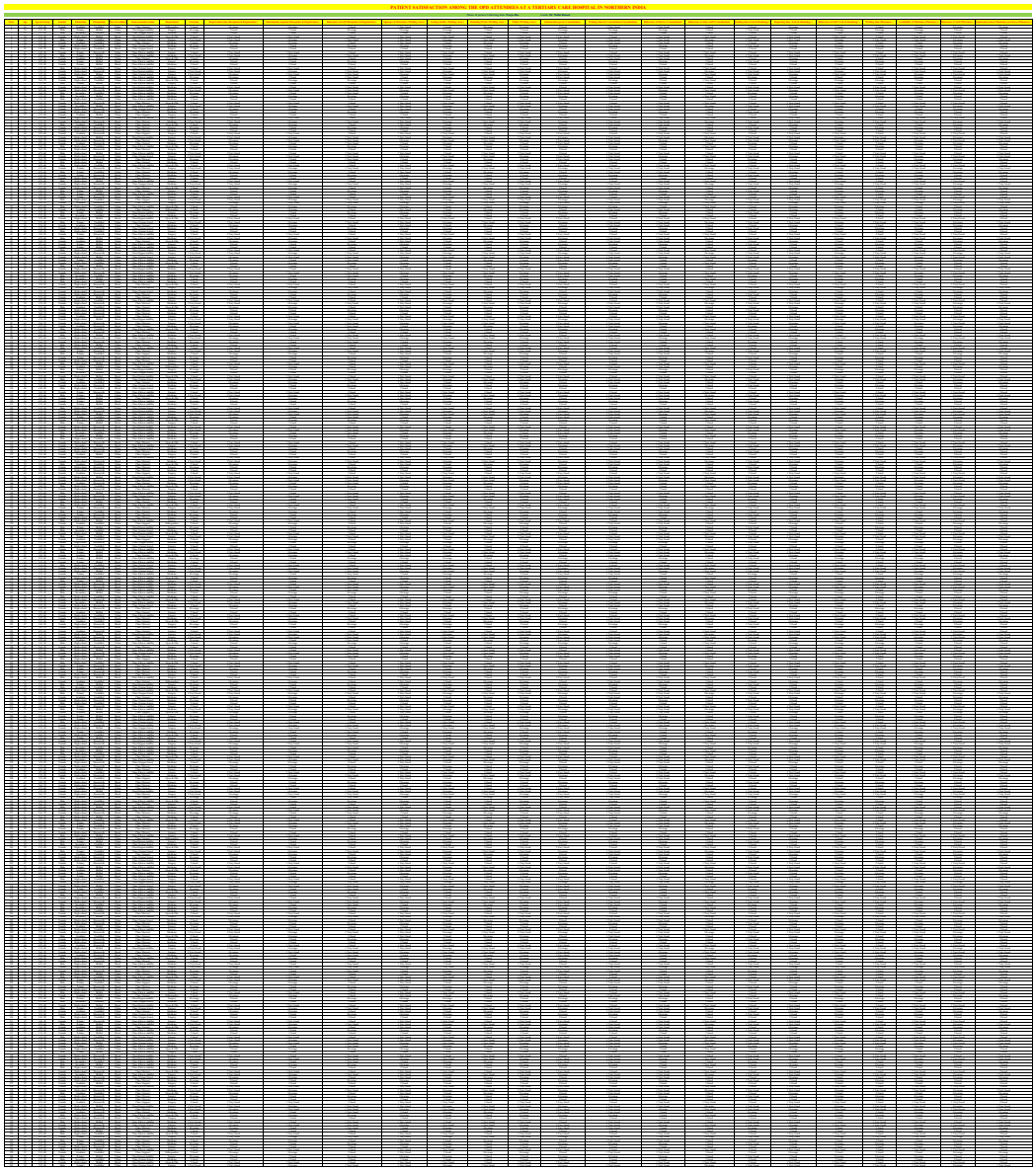
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